



Date: ____/____/____

Client Intake Form

Please make sure to fill out every page, front and back

Personal Information

Name: _____ Date of

Birth: _____ Age: _____

Address: _____ City:

_____ State: _____ Zip: _____ () Male ()

Female Daytime Phone: (____) _____ Evening Phone: (____) _____

() Consent to Text () Consent to Call

Email Address: _____

Contact Preference: () Email () Phone () Text

Language: _____ Race: _____ Ethnicity _____ Marital

Status: _____ Emergency

Contact: _____ Phone: (____) _____ Relationship:

_____ How did you hear

about us? _____



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MEDICAL BACKGROUND:

Do you have ANY chronic medical history we should know about? Yes No

Please _____ list:

Are you under a doctor's care now? Explain: _____

-

Have you ever been treated with hormone medication?

_____ List present medications, including topical:

_____ List any surgery in past 6 months:

_____ Skin sensitivity to soaps,

lotions, hydroquinone or skin bleaching agents? _____ Allergy to lidocaine or

any numbing agents? _____ Does your skin get

blotchy, red or irritated easily? _____ Are you TAN in

area/s to be treated (from sun, spray on, and/or tanning salon)? _____ Past chemical

peel? If yes, when? _____ Tattoo or permanent makeup in area/s to be treated? _____ Currently

pregnant or trying to conceive? _____ List any implants _____

We do not recommend laser therapy if any of the following conditions exist. Please check any box which describes your current health condition.

- Pregnancy Photosensitivity disorders Herpes (active) Shingles (active) Seizure disorders triggered by light
- Bacterial infections

Have you ever experienced, been treated for or used any of the following? (please circle) Accutane Cold Sores Hysterectomy Polycystic Ovaries Acne Diabetes Irregular Periods Pregnancy Allergies Heart Problems Keloid Psoriasis ALS (Amyotrophic Lateral Sclerosis) Hemophiliac Latex Allergy Retin-A or Alpha Hydroxy Anti-Coagulant

High Blood Pressure Hepatitis A,B,C Menopause Shingles Birth Control Pill Herpes Multiple Sclerosis Skin Pigmentation Cancer HIV Photosensitizing medication Thyroid

Please explain any circled items: _____

2



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HAIR COLOR: Please note the Candela laser works best on brown or black hairs. The lighter the hair the more difficult for the laser to recognize and therefore impact. If you have blonde, light grey or white hair you are trying to treat please let the tech know immediately.

SKIN TYPE: To determine your skin type, please check the one box which best describes your reaction to sun exposure:
____ Skin Type I Never tans, always burns (extremely fair skin, blonde/red hair) ____ Skin Type II Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes) ____ Skin Type III Often tans, sometimes burn during first exposure to sun (medium skin, brown hair) ____ Skin Type IV Always tans, never burns (Olive skin, brown/black hair) ____ Skin Type V Never burns (dark brown skin, black hair)
____ Skin Type VI Never burns (black skin, black hair)

HAIR REMOVAL: Please list present area/s you are interested in treating. (i.e. facial, back, chest, neck, bikini (regular or Brazilian), underarms, leg tops, leg bottoms, arms, hands, feet, etc.) AND please list desired method/s of hair removal (i.e. laser, waxing, electrolysis):

_ Please list future, possible areas and methods (laser, wax, electrolysis):

_ Previous Hair Removal – Please list area/s, method/s used to remove and approximate date last removed:

SKIN REJUVENATION: Laser and Photo Facials
(Treat brown spots, wrinkles, melasma, etc.) Please check areas interested in: Face ____ Arms ____ Legs ____
Chest ____ Back ____ Stomach ____ Other _____ Please explain:

I acknowledge that I am not allergic to lidocaine or any topical numbing agents, to the best of my knowledge.

Client Signature

I acknowledge that the information provided on this form is accurate and complete:

Client Signature & Date



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Cancellation Policy

At Palm Beach Laser & Aesthetic, every appointment scheduled has a specific time allotted dependent on client needs. If you no-show or cancel without giving 24-hour notice, the techs do not have the adequate time needed to fill their schedule with another appointment. Please keep this in mind should you need to change or cancel an appointment.

24 HOUR NOTICE IS REQUIRED FOR ANY CANCELLATION/RESCHEDULING OF AN APPOINTMENT. THERE IS A FEE FOR ANY NO SHOW OR LATE CANCELLATION APPOINTMENT AND WILL BE CHARGED PRIOR TO RESCHEDULING.

- You can call or text us at 561-420-7064 or contact us via email at wpblaser@gmail.com Thank you for your

loyalty, we value you as a client and appreciate you valuing our time as well.

I hereby acknowledge that I received and reviewed the above cancellation policy and asked any questions I have prior to signing

Client Print Name Date

Client Signature Laser Rep



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Consent for Laser Hair Removal Treatment

I hereby authorize and direct any associates or assistants of Palm Beach Laser & Aesthetic, LLC to perform laser hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several CONSECUTIVE treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple laser procedures and some people may require more treatments than the initial series. I also understand that I may need maintenance treatments to keep the growth away.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- Possible alternative procedures.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, crusting, re-growth of hair, and/or blistering.
- Post treatment instructions.

I am also aware of the following possible experiences/risks with the Laser Treatment:

- DISCOMFORT- Some discomfort may be experienced during laser treatment.
- WOUND HEALING- Laser procedures can result in swelling, blistering, crusting, or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- BRUISING/SWELLING/INFECTION- With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, when ever a skin procedure is performed.
- PIGMENT CHANGES (Skin Color)- During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- SCARRING- Scarring is an extremely rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE- Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

_____ I get fever blisters (Cold sores/herpes labialis)

_____ I have never had a fever blister (Cold sores/herpes labialis)

Print Name of Client, or Parent if Minor Date

Signature of Client, or Parent if Minor Date of Birth of Client



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Name: _____ Date: ____/____/____

DOB: _____

ACKNOWLEDGEMENT OF RECEIPT OF INSTRUCTIONS OF PRE-TREATMENT AND
AFTERCARE FOR LASER HAIR REMOVAL TREATMENT

I hereby acknowledge that I have received, read, and understood this INSTRUCTIONS OF PRE-TREATMENT AND
INSTRUCTIONS AND AFTERCARE FOR LASER HAIR REMOVAL TREATMENT effective September 2019 for the office
of PALM BEACH LASER & AESTHETICS, LLC and that any questions I have had about it have been answered.

Print Name of Client, or Parent if Minor Date

Signature of Client, or Parent if Minor Date of Birth of Client

PLEASE: **REMOVE AND KEEP** THE FOLLOWING TWO PAGES FOR YOUR RECORDS



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LASER HAIR REMOVAL PRE-TREATMENT INFORMATION/INSTRUCTIONS

- It is important that the area being treated not be exposed to the sun, including tanning beds and spray tans. A broad-spectrum (UVA/UVB) sun screen of AT LEAST 30 SPF or higher should be applied whenever area to be treated is exposed to the sun. This practice should continue between treatments and following your last treatment for at least 6 weeks. Hyperpigmentation, or hypopigmentation can result if treated area is exposed to the sun without sunscreen.
- DO NOT use Retin-A or Renova one week prior to laser treatment.
- DO NOT take Accutane for 1 year prior to laser treatment.
- DO NOT pluck, tweeze, thread, wax or use depilatory agents for three weeks prior to treatment.
- DO NOT receive any injectables treatment (Fillers, Botox, etc.) in the area to receive the laser at least 2 weeks prior.
- The area should be shaved 24-48 hours prior to treatment. Stubble is needed to visualize the area.
- DO NOT wear make-up, deodorant, perfumes, or powder on the areas to be treated.
- Plan to avoid tight elastic at the leg opening, following bikini treatments, for 3-5 days.
- If you have a history of oral herpes (fever blisters) and are having your mouth area treated, you will need to have your physician prescribe suppressive therapy and take as directed.
- We will NOT perform your laser treatment if you have a suntan, sunburn, or have used self-tanning cream because of the likelihood of hyper-pigmentation or hypopigmentation.

REMEMBER TO ACHIEVE THE DESIRED RESULTS; THE SPECIFIED NUMBER OF TREATMENTS MUST BE ADHERED TO. SKIPPING TREATMENTS, EVEN WHEN IT APPEARS YOU HAVE ACHIEVED THE RESULTS, WILL RESULT IN A LESS THAN ADEQUATE OUTCOME.

7



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INSTRUCTIONS AND AFTERCARE FOR LASER HAIR REMOVAL

Aftercare: Because treated follicles have been heated, the area may feel slightly sensitive (similar to mild sun burn) from a few minutes to a day or more depending on your skin sensitivity level, hair thickness and hair color. A soothing application (i.e. Aloe Vera, Aquaphor Healing Ointment, Biaffine) and/or cool compress or ice pack (over a thin towel) may be applied until the sensation, and any redness and/or swelling subsides. Avoid hot water for 24–48 hours. Occasionally, crusts may form in some spots. **DO NOT** pick at anything; it will heal in a week or so. Any crusted areas should be kept extremely moist with a non-irritating moisturizer until healed.

Treatment schedule: For optimal results, multiple treatments are necessary. The number will vary depending on skin, hair type and hair color, and hormonal vs. non-hormonal areas. Treatment schedule varies between 3 and 12 weeks, depending on the body area, treatment number and prior hair removal methods. Results may be more noticeable after the second or third treatment.

Shedding: You will notice hair resurfacing from a few days to a few weeks after treatment. Gently exfoliating the area with a loofah sponge or rough wash cloth will help to lift the dead hair out of the follicles. You may also apply tape to the treated area and gently peel it off. **DO NOT** pull-out hairs that are still connected. They are going through a “dying off” process and may need extra time. You may start either of these methods in a few days to a week or so, as long as the skin has returned to its original condition.

Shaving: You may shave between treatments to keep a clean look if desired. **DO NOT** wax or tweeze the new layer of hair when it starts growing in, as it needs to be in the follicle for the next treatment.

PRECAUTIONS:

Itching: **DO NOT** scratch or pick any area that itches or shows signs of healing. We recommend hydrocortisone for itching. (Gold Bond Anti-Itch works well.)

Burning: Make sure to call and let us know if the skin has blistered or has a superficial burn. Scarring or burning occurs in less than 1% of the treatment population (and almost always on the darker or tanned skin).

Sun Protection: It is important to protect the skin from sun exposure. Wear protective clothing and sun block, either SPF 30+ daily; or SPF 50+ daily when in the sun for more than a few minutes and be sure to reapply throughout the day. Unprotected sun exposure before, after or between treatments could cause or worsen

discoloration (hypo- or hyper-pigmentation), especially during the first two weeks after each treatment. One should not undergo laser treatment if taking any sun-sensitizing medications or if tan (from sun, tanning beds, or spray tans) in the area(s) to be treated.

Pregnancy: Please let us know if you are pregnant or planning a pregnancy. Pregnant women should not undergo laser hair removal; however, breast feeding during treatment is not an issue.

Please let us know of any changes in your health, medication, or sun exposure between treatments; especially the use of sun-sensitizing medications or the possibility of pregnancy or actual pregnancy.