



Consent Form Laser Hair Removal

It is a requirement that before any procedure the client reads and signs a consent form. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I, (your name) _____ have been fully informed by the therapist and understand the following conditions relating to laser hair reduction:

I have answered all the questions regarding my health and skin correctly and to the best of my knowledge, as I am aware that some ailments and medication can affect healing of the skin and response to the laser. It is my responsibility to ensure that I inform my laser operator if I begin a course of medication.

The cost of treatment has been advised and I understand the prices quoted and payment terms. The specific treatment parameters have been discussed and I have received the Pre and Post treatment advice form.

I understand that sun exposure and sun beds on the treatment area are not permitted during my treatment course, and application of total sun block must be used if exposure is unavoidable.

I understand that the last application of fake tan must be at least 2 weeks prior to treatment to ensure no residue is present on the skin.

Fake tan and natural tan will compromise my treatment either by obliging the operator to reduce the settings to accommodate the tan, or by having to wait for the tan to fade by which time the hair growth cycle will be missed.

It is my responsibility to advise my operator of any exposure to the sun or sun bed before and during the treatment course. I understand that failure to do so could have adverse effect on my skin.

I am aware that no waxing, plucking, threading or any method that involves removing hair by the root is acceptable throughout my treatment course. Shaving is acceptable and required prior to treatment sessions.

For optimum results, I will need to have a minimum of 6 treatments at the recommended settings. If the power is set lower at my request, I understand that the treatment may not be as effective.

I am aware that I will need the patch test to be repeated if I don't return to the clinic within a 6 month period. I also understand that I will need to have a patch test on any new area I am considering for treatment.

If treatment is not suitable due to any kind of tan on the skin or failure to prepare for treatment correctly the appointment may be charged at 50% of my session pricing.

If for any reason I do not arrive for my appointment or I do not give at least 24 hours notice to cancel an appointment I agree to a 50% cancellation fee which is based on my session pricing.

I have discussed, and am aware of the possible side effects of laser treatment as follows:

- Redness, itching and swelling are common side effects immediately after treatment and can sometimes occur up to 2 weeks following treatment.
- It is usual and even desirable that there may be a fine, superficial brown scale or gravel rash on the skin the next day. This takes anything from a few days to a couple of weeks before totally disappear.
- Hyperpigmentation (increased browning of the skin) may occur especially on darker skin types and may take months to return to normal. In very rare instances, may be permanent.
- Folliculitis (infected hair follicles) and acne can be stimulated with the laser especially on male beards, back and chests. Other treatment regions on females as well as males can also be affected .
- Bruising may occur post treatment especially if the skin is susceptible to bruising or you suffer with circulatory problems such as Reynaud's Syndrome. If mottling occurs, mild cases may resolve over time, but in some cases it may be permanent.
- In rare circumstances, it has been known for laser hair removal to stimulate hair growth in surrounding areas. If this occurs, it may be necessary to discontinue treatment and discuss alternative methods of permanent reduction.
- There is a slight possibility that if the skin blisters a permanent mark may be left on the skin. Test patches are used to avoid overdosing the area to the extent that they may produce these undesirable effects.
- I am aware that I will need a patch test for each area I intend on having treated.
- I understand that if I fall pregnant during my treatment course, I will have to discontinue my treatment and re-commence post-pregnancy. I am aware that I will no longer qualify for the guarantee if it is applicable.

I hereby accept that the essential information necessary to make an informed decision has been given to me. I have been fully informed of the risks that may be associated with laser hair removal as listed above and have had the opportunity to ask questions relating to the procedure I am about to undergo.

I understand that no warranty or guarantee has been made to me as a result or cure. It is possible that results might not come up to expectations or goals. The clinic will not be held financially liable provided treatments have been carried out in good faith. I understand the treatment involves a course of treatments. The fee structure has been fully explained and I understand that I am required to pay for a course of treatments prior to any procedures taking place. I am fully aware that should I wish to cancel the course the outstanding treatment value is non-refundable.

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