

Hair Removal Client Consultation Form

Name:	Tel Mobile:
Address:	Tel Home:
	Email Address:
	DOB: Age:
	GP Surgery:
Postcode:	GP Contact No:

How did you hear about us?

Medical History: Do you have a history or suffer from any of the following?

- General health problems/diabetes/asthma/liver/kidney disease Y N
 - Blood disorders/haemophilia/HIV/hepatitis/septicaemia Y N
 - Coronary/pacemaker/blood pressure conditions Y N
 - History of bleeding, coagulation or clotting disorders/use of anti-coagulants Y N
 - Do you suffer from epilepsy Y N
 - History of cancer/skin cancer Y N
 - Do you have a history of any skin disease Y N
 - Skin disorder/psoriasis/eczema/vitiligo/dermatitis/melisma/inflammatory skin condition Y N
 - Skin pigmentary conditions, hyperpigmentation/moles/pigmented nevi (moles) Y N
 - Herpes/cold sores Y N
 - Do you bruise easily Y N
 - Are you pregnant or planning a pregnancy Y N
 - Do you use the contraceptive pill Y N
 - Are you taking any herbal preparations (example: St Johns Wort) Y N
 - Are you taking any medication, if yes what Y N
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- Have you taken any antibiotics in the last 4 weeks Y N
 - Do you have any metal pins or plates fitted.....if so where..... Y N

Previous Skin Treatment History?

- Have you used Roaccutane within the last 6 months Y N
- Have you used topical glycolic or retinal products Y N
- Have you had any previous Laser treatment Y N
- Have you had any microdermabrasion treatment Y N
- Have you had any semi-permanent make-up Y N
- Have you ever experienced any adverse reaction to the above treatment's Y N
- Do you have any allergies Y N

General Questions

- What colour is your hair in the area you want treating (circle answer)

Black Brown Light Brown Light Blonde Blonde Grey White Red

- What colour is your skin in the area you want treated (circle answer)

White Light Brown Brown Black

- What is your hair thickness in the area you want treated (circle answer)

Fine Medium Course

- Do you have a sun/fake tan Y N

- What are your goals/expectations of the treatment

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Reasons for your visit

- What body area are you considering for Laser Hair Removal

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Clinic Use: Consultation

- *Contra-Indications Laser is not recommended for: Hypo-pigmentation (e.g. Vitiligo), any inflammatory skin condition e.g. eczema, active herpes simplex etc. on the treatment area, Skin Cancer or any other Cancer (taking medication to treat Cancer e.g. Decarbonize, Fluorouracil, and Methotrexate). History of Keloid Scarring (can cause burning), Epilepsy, St John's Wort (can cause photosensitivity), Roaccutane etc. (or any acne/derma logical conditions) within last 6 months, Pregnancy or breast feeding, Any topical medication e.g. (hydrocortisone) or wearing perfume, deodorants that could cause photosensitivity should be cleansed prior to treatment, Surgical metal pins or plates under the treatment area.*
- Explain how Laser Hair Removal works
- Treatment procedure – fully explain pre preparation requirements (Shaving day before, no make-up if having facial treatments, no sun exposure 4 weeks prior to treatment or fake tan 2 weeks prior)
- Treatment schedule – 4 weeks Face, 6 weeks Body areas, initial patch test required in area
- Advise on pre-care & aftercare procedures
- Discuss costs and payment plans:

All treatments (exclude full body) 50% payment prior to first treatment session outstanding balance paid prior to second session

Full Body – 50% payment prior to first treatment session, 25% prior to second session, final 25% paid prior to third session

Client signature.....

Therapist signature.....

Date.....

Date.....

Fitzpatrick Skin Typing

	0	1	2	3	4	Score
Colour of Eyes	Light Blue, Grey or Green	Blue, Grey, or Green	Blue	Dark Brown	Brownish Black	
Natural Hair colour	Sandy red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
Natural Skin colour	Reddish	Very Pale	Warm Pale	Light Brown	Dark Brown/Black	
Freckles	Many	Several	Few	1 or 2	None	
If you stay in the sun too long	Painful redness, blistering, peeling	Mild blisters, peeling	Burns sometimes, then peeling	Rarely burns	Never burns	
To what degree do you turn brown	Hardly or not at all	Light tan	Reasonable tan	Tan very easy	Tun dark quickly	
Do you tan easily (few hrs in sun)	Never	Rarely	Sometimes	Often	Always	
How does your face react to the sun	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
When did you last tan/fake tan	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
How often do you tan	Never	Hardly ever	Sometimes	Often	Always	

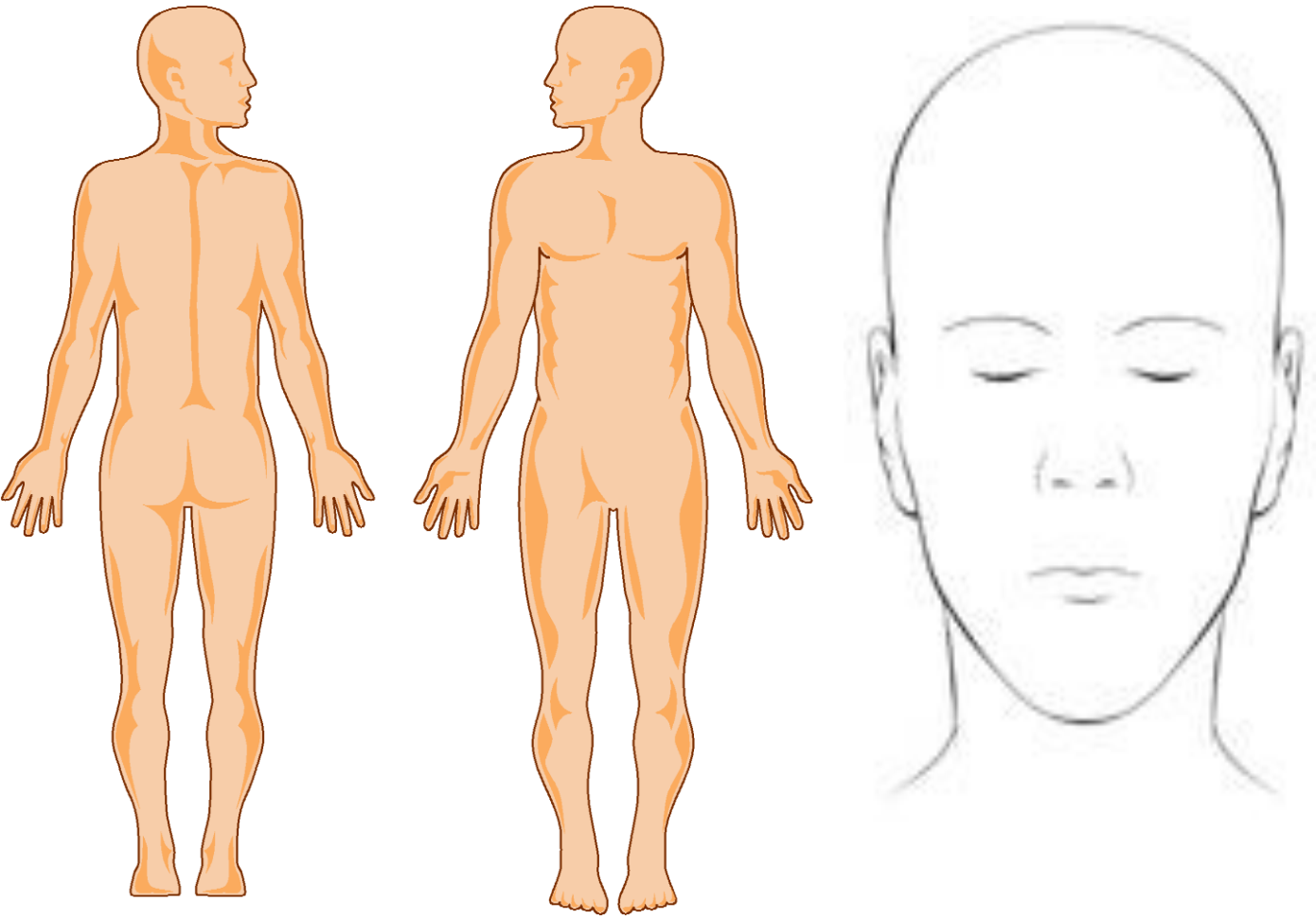
Total Score:

Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V-VI

Client signature.....

Date.....

Clinic Use: Areas to be Treated



Additional Notes: