

**NORTH JERSEY LASER ASSOCIATES, LLC.
HISTORY CARD**

Name _____ Date of birth _____
 Street address _____ City _____ State _____ Zip _____
 Email address _____ Occupation _____
 Telephone(Home) _____ (Cell) _____ (Work) _____
 Emergency contact _____ Relationship _____ Tel # _____
 What is your parents' ethnic background? _____
 How referred to NJLA? _____
 Previous treatments YES[] NO[] Date last treated _____ Areas _____

LOCATION OF EXCESS HAIR

<input type="checkbox"/> Full Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Arms	<input type="checkbox"/> Chest	<input type="checkbox"/> Buttocks
<input type="checkbox"/> Lip	<input type="checkbox"/> Underarms	<input type="checkbox"/> Feet	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Nose
<input type="checkbox"/> Chin	<input type="checkbox"/> Areola	<input type="checkbox"/> Legs	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Ears
<input type="checkbox"/> Sideburns	<input type="checkbox"/> Hands	<input type="checkbox"/> Bikini	<input type="checkbox"/> Back	<input type="checkbox"/> Unibrow

MEDICAL HISTORY

Are you under a doctor's care? _____
 Recent surgery or injury _____
 Are you currently on mood altering or depression medication? Yes[] No []
 Present medications _____

Allergies _____

Antibiotics last 2 weeks? Yes[] No[]
 Sun exposure last 6 weeks? Yes[] No[]
 Other hair removal methods last 4 weeks? Yes[] No[]

Are you pregnant?	Yes[] No[]	Regular periods?	Yes[] No[]
Over/in menopause?	Yes[] No[]	Hysterectomy?	Yes[] No[]
Birth control?	Yes[] No[]	Metal Implant/Copper IUD?	Yes[] No[]

Have you ever had any of the following?

Heart condition	Yes[] No[]	Pacemaker	Yes[] No[]
Cancer treatment	Yes[] No[]	Hepatitis (type)	Yes[] No[]
Diabetes	Yes[] No[]	Acne	Yes[] No[]
Bleeding problem	Yes[] No[]	Keloids	Yes[] No[]
Herpes I/II	Yes[] No[]	Shingles (active)	Yes[] No[]
Photosensitivity disorder	Yes[] No[]	Seizure disorder triggered by light	Yes[] No[]

I understand that laser hair removal is not immediately permanent and that a series of treatments is necessary to achieve permanent hair reduction. I understand the success of treatments depends largely on my cooperation with my treatment schedule and recommendations made by the laser technician. I agree to inform the technician of any changes in my skin after treatment, as well as any changes in my general health. Results vary, and I also understand that a small percentage of the population will not respond to laser hair removal, and that **THERE ARE NO GUARANTEES AND NO REFUNDS.**

 Print Name

 Technician

 Signature

 Date

(Rev 06/01/13)

NORTH JERSEY LASER ASSOCIATES, LLC.

Fitzpatrick Skin Typing

- Skin type I** Never tans, always burns (extremely fair skin, blond/red hair)
Skin type II Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
Skin type III Often tans, sometimes burns 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)

PLEASE CIRCLE THE CHOICES THAT BEST DESCRIBE YOU AND YOUR SKIN

SCORE	0	1	2	3	4	SCORES
What is your eye color?	Light Blue	Blue, Gray or Green	Blue or Hazel	Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Blonde	Dark Blonde/ Light Brown	Chestnut/ Brown	Black	
What is the color or your non-exposed skin?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens when you stay too long in the sun(1 st exposure)?	Painful, redness, blistering, peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly	
Do you turn brown after several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
					SUB-TOTAL SKIN TYPE	

When did you last expose your body to sun/tanning booth/self-tanner?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
When did you last expose the area to be treated to sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
					SUB-TOTAL SKIN TYPE	
					TOTAL SKIN TYPE	

SKIN TYPE SCORE

- 0-7
- 8-16
- 17-25
- 25-30
- Over 30

FITZPATRICK SKIN TYPE

- I
- II
- III
- IV
- V-VI

NORTH JERSEY LASER ASSOCIATES, LLC.
SKIN ANALYSIS

Have you used Retin A or Retinol products in the last 2 weeks in the area to be treated? **YES/NO**

Are you currently taking Accutane for acne, or have you taken it in the last year? **YES/NO**
If yes, explain _____

Have you had a chemical or acid peel on your face in the last 3 months? **YES/NO**
If yes, explain where, when and what percent _____

Are you or have you seen a dermatologist in the last 6 months? **YES/NO**
If yes, are you using dermatologist strength skincare products? **YES/NO**
List products _____

Are you currently using a topical antibiotic on your face for acne? **YES/NO**

Are you currently taking oral antibiotics? **YES/NO**
Have you taken any oral antibiotics in the last 2 weeks? **YES/NO**

Do you have any tattoos or body piercings in the area to be treated? **YES/NO**
If yes, where? _____

Have you ever been diagnosed with polycystic ovary disease? **YES/NO**

Do you have excessive hair growth? **YES/NO**
If yes, in what areas of the body? _____

Do you have a hypo/hyperactive thyroid condition? **YES/NO**
If yes, have you had surgery or take medication for this condition? **YES/NO**

Have you seen an endocrinologist in the last year? **YES/NO**
If yes, explain _____

Have you tried laser hair removal or other methods of hair removal in the past? **YES/NO**
If yes, explain _____

Client Signature

Date

NORTH JERSEY LASER ASSOCIATES, LLC.
CONSENT FORM FOR LASER SERVICES

I authorize North Jersey Laser Associates and it's designated staff to perform laser hair removal on my body. I understand that laser hair removal is an FDA-approved treatment method for removing unwanted hair; I have been advised of the possible adverse reactions which are as follows:

PAIN: The laser causes mild discomfort, which can be minimized by applying an anesthetic cream approximately one hour before each treatment. LMX is an anesthetic cream that can be bought over the counter in most pharmacies (check to see if this needs to be ordered by your pharmacist).

CRUSTING: If superficial crusts form, they should resolve with the gentle care we describe in the after instructions.

PIGMENT CHANGES: Temporary color changes such as hyperpigmentation, which is a brown discoloration, or hypopigmentation, which is a skin lightening, may occur. While these can take 3-6 months to resolve, they rarely lead to permanent scarring (under 1%).

EYE PROTECTION: everyone present during treatments must wear protective eyewear.

PERSISTENCE OF HAIR: Evaluation of laser hair removal is on going, but studies and clinical experience suggest that multiple treatments produce long-term hair loss. Although some clients will respond better than others, most clients will experience progressive hair loss with each treatment. The Gentlelase has been FDA approved in 1998 for permanent hair reduction. The Gentlelase produces stable long-term hair reduction.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the laser to damage my skin. I have also read and will abide by the Client Instruction sheet for the Gentlelase treatments. I will agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyperpigmentation. I hereby release North Jersey Laser Associates and it's medical staff and the specific technician from liability associated with the above. I understand a small percentage of the population will not respond to laser hair removal and **THERE ARE NO GUARANTEES AND NO REFUNDS.**

PCOS patients/hormonal imbalances - where for most women laser hair removal may be a permanent hair reduction technique, for women with PCOS/hormonal imbalances hair removal is an ongoing management technique. However, treatment will significantly reduce the amount of hair present and slow down re-growth.

Client Signature

Date

Guardian Signature (if client is under 18 years old)

(Rev 06/01/13)

NORTH JERSEY LASER ASSOCIATES, LLC
CLIENT INSTRUCTIONS FOR GENTLELASE TREATMENTS

PRE-TREATMENT INSTRUCTIONS

1. Avoid the sun 6 weeks before laser hair removal treatment.
2. You **MUST** avoid bleaching, plucking, threading or waxing for 4 weeks prior to treatment.
3. If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued 1 week after treatment.
4. The use of tanning cream must be discontinued at least 6 week before treatment.
5. The laser seeks melanin and it will also be attracted to dark colors. Therefore, if you are treating your bikini area we ask that you please wear white or light colored undergarments.
6. Please remove jewelry near area of treatment prior to entering laser room.
7. Area to be treated is required to be washed and shaved.

INTRA-TREATMENT CARE

1. The skin is washed and shaved or left with one day of new growth. The use of the topical anesthetic Lidocaine is optional for discomfort and should be applied 1 hour before treatment, and washed off before entering laser room.
2. Epidermal melanocytes compete as the chromophore (target) for the 755nm wavelength with melanin at the target site. The DCD, or cooling device, will be used with the laser procedure. The client and all personnel will wear protective eyewear during the procedure.

POST-TREATMENT CARE

1. Immediately after treatment there should be erythema (redness) and edema (swelling) at the treatment site which may last up to 2 hours or longer. The erythema may last up to 2-3 days. The treated area can feel like sunburn for a few hours after treatment. The applications of ice during the first few hours after treatment will reduce the discomfort and swelling that may be experienced but we recommend only aloe vera gel after treatment. Rarely, minor epidermal blistering may occur in which case triple antibiotic ointment may be applied. If this should happen, please contact our office immediately and our nurse will give you further instructions.
2. Make-up may be used immediately after the treatment unless there is epidermal blistering. It is recommended to use **ONLY NEW** make-up to reduce the possibility of infection.
3. Use sunscreen of SPF30 or greater at all times throughout the course of treatment.
4. Avoid picking or scratching the treated skin. Do not use any other hair removal treatment products (waxing, threading, bleaching, tweezing, electrolysis) that will disturb the hair follicle on the treatment area for 4-6 weeks after the treatment is performed. Shaving may be performed between treatments.
5. Call our office with any questions or concerns you may have after treatment. Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for at least 3 weeks after treatment.
6. Anywhere from 5-21 days after the treatment shedding of the surface hair may occur and this appears as new hair growth. This is **NOT** new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or loofa sponge.
7. After the underarms are treated use a powder instead of deodorant for 24 hours after treatment to reduce skin irritation.
8. There are no restrictions on bathing except to treat the skin gently as if you had sunburn for the first 24 hours.
9. Laser hair removal only destroys the hair follicle while it's in the growth phase. This is why at times you may experience patchiness and perhaps think the area was not treated. We use an overlapping technique which ensures the entire area is treated.

Client Signature

Date

(Rev 06/01/13)