

Locks & Lashes

salon



Medical History

Date: _____

First and Last Name: _____

Address: _____

Email address: _____

Home Phone: _____ Cell: _____

Emergency Contact (name and number): _____

Have you ever had the following?

(Y/N) Rosacea

(Y/N) Sun Sensitivity

(Y/N) Cold Sores

(Y/N) Allergies (please list): _____

(Y/N) Past Medical Illness (please list):

(Y/N) Past Surgeries (please list):

Medications/Medical Treatment:

Have you ever used Tretinoin? Yes No

If yes, when did you stop using it? _____

Have you ever taken Accutane? Yes No

If yes, when did you stop using it? _____

Do you use any Acne Medication? Yes No

If yes, please list: _____

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Other Prescription Medications (including herbal):

Over the Counter Medications (including herbal):

Are you presently under a physician's care for any condition? If so, please describe:

Lifestyle Information:

Do you use tanning booths? Yes No

If yes, when was the last treatment done? _____

Describe your history of sun exposure: _____

Skin Type (Check all that apply):

Sunburn easily Sunburn, then tan Usually tan Always tan

Sensitive Oily Dry Normal

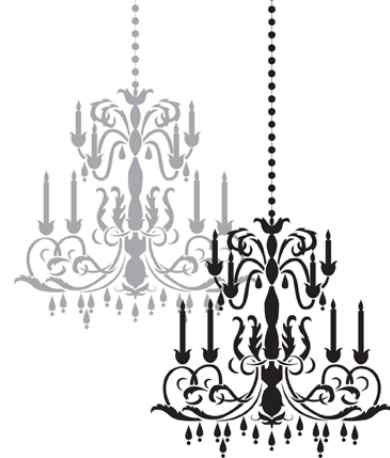
Cosmetic History (Check all that apply):

Facial surgery Filler injections Botox injections Facial peels

Laser Treatments (please list): _____

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Have you used other hair removal techniques (i.e., waxing, tweezing, threading) in the past 4 weeks?

(Y/N) Which? _____

(*** If your answer is yes, we recommend that you wait 3 weeks before your pulsed light treatment.

- If you are pregnant, we can't proceed with any laser treatment.
- You may be more sensitive to pain a few days prior or during your period. We recommend that you postpone your appointment if you are prone to being more sensitive.
- If you are taking any kind of medication please check with your doctor prior to commencing your treatments as they may cause photosensitivity.
- St-John's wart herbal supplement should be discontinued for at least 4 weeks prior to any treatment.
- If you have had herpes blisters type I or II in the past, you must consult your doctor first as the pulsed light from our equipment could trigger an outbreak.
- Our personnel can refuse treatment we believe a pulsed light treatment might leave a mark on your skin.
- If you have a history of seizures please consult your doctor prior to any pulsed light treatment.

By signing, below, you certify that:

- the information you provided is true
- the hair removal technician has provided you with all the information related to hair removal treatments with a pulsed light system
- you understand the risks related to laser hair removal as stated in the Waiver form
- you will follow the pre and post treatment recommendations

Signature: _____