

## Laser Treatment Information and Consent Form

This form is designed to provide you with general descriptions of our various dermatological treatments, including possible risks and benefits that may occur as a result of these treatments. Please read carefully.

### **General Risks**

Proper eyewear must be used by the patient and clinician to dramatically reduce or eliminate eye injury.

### **Possible Risks and Side Effects**

Risks and side effects may include pain, redness, swelling (edema), slight burning sensation, herpetic skin eruptions, hair reduction, skin discoloration, scar formation, and infection. A topical anesthetic may be applied before treatments to help alleviate some of these discomforts. Photographs are also recommended during treatment stages for future comparison. Multiple treatments will be necessary to achieve complete satisfaction.

### **Procedures**

- *Enhanced Skin Rejuvenation, Wrinkle Reduction, Vascular & Pigmented Lesions*  
Non-ablative (no body tissue removal) laser treatment is a technique used to improve skin texture and eliminate blemished areas from the skin. It is useful to counteract aging and sun damaged skin. The laser is designed to penetrate the lower layers of the skin without injuring the outer layers. Benefits include: reduction of fine wrinkles, pigmented lesions, solar spots, uneven skin color, and small red or blue vessels may be reduced or eliminated.
- *Permanent Hair Reduction & Pseudofolliculitis*  
Designed to target or destroy the hair follicle. Benefits include: delayed hair regrowth in the treated area, lightening of the hair, decreased density of the hair, and long term hair reduction. Multiple treatments will be needed to achieve satisfaction.
- *Acne Treatment*  
Non-ablative laser treatment used to treat acne lesions on any part of the body. The laser penetrates the lower layers of the skin without harming the outer layers to reduce acne. Multiple treatments will be needed to reduce acne and the severity of lesions.
- *Treatment for Unsightly Veins*  
Varicose veins occur due to heredity, pregnancy, trauma, and the normal aging process. Depending on the size of the vein, laser treatment may be applicable. These veins are not necessary to the circulatory system and can be removed safely. Laser energy penetrates the vessels and generates heat, resulting in blood coagulation and vessel wall damage, causing it to collapse and be absorbed by the body.

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Patient Signature

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Date

**AGVS VEIN & LASER CENTER****New Patient Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: M / F

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Allergies:** \_\_\_\_\_

For women: LMP: \_\_\_\_\_ Are you currently pregnant? \_\_\_\_\_

How did you hear about AGVS VEIN &amp; LASER CENTER? \_\_\_\_\_

Please put a check mark next to the procedures about which you would like to receive more information:

- |  |   |
|--|---|
| <input type="checkbox"/> Enhanced Skin rejuvenation  | <input type="checkbox"/> Sun Damage/Brown Spots                 |
| <input type="checkbox"/> Facials                     | <input type="checkbox"/> Spider Veins/ Leg Veins                |
| <input type="checkbox"/> Chemical Peels              | <input type="checkbox"/> Laser Hair removal                     |
| <input type="checkbox"/> Microdermabrasion           | <input type="checkbox"/> Shaving Bumps/Ingrown Hair             |
| <input type="checkbox"/> Skin Care Program           | <input type="checkbox"/> Botox® To Flatten and Prevent Wrinkles |
| <input type="checkbox"/> Acne treatments             | <input type="checkbox"/> Juvederm (Facial Filler)               |
| <input type="checkbox"/> Broken Capillaries/ Rosacea | <input type="checkbox"/> Other _____                            |

**Please put a check mark next to a past or current medical condition:****Medical History:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lupus or other auto-immune deficiency(A)          | <input type="checkbox"/> Herpes simplex or fever blisters (A)                             |
| <input type="checkbox"/> Rheumatoid Arthritis "Gold" Therapy (A)           | <input type="checkbox"/> Diabetes (A)   |
| <input type="checkbox"/> Currently Pregnant (A)                            | <input type="checkbox"/> Light sensitive Epilepsy (A)                                     |
| <input type="checkbox"/> Bleeding abnormalities (A)                        | <input type="checkbox"/> Scars that turn white or brown (A)                               |
| <input type="checkbox"/> Treatment with Accutane® in the last year (A)     | <input type="checkbox"/> Dark spots after pregnancy, skin injury (A)                      |
| <input type="checkbox"/> Treatment with Tetracycline® in the last month(A) | <input type="checkbox"/> HIV (A)  |
| <input type="checkbox"/> Keloid or very thick scarring (A)                 | <input type="checkbox"/> Hepatitis (A)  |
| <input type="checkbox"/> Psoriasis or Vitiligo (A)                         | <input type="checkbox"/> Waxing/Plucking/Electrolysis within last four weeks (HR)         |
| <input type="checkbox"/> Pulmonary embolism/blood clot (V)                 | <input type="checkbox"/> Hirsutism (HR)   |
| <input type="checkbox"/> Leg ulcer or Phlebitis (V)                        | <input type="checkbox"/> Transplant Anti-Rejection Drugs (HR)                             |
| <input type="checkbox"/> Blood thinning medication (V)                     | <input type="checkbox"/> Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift (A) |
| <input type="checkbox"/> Coumadin®/anti-clotting agents (A)                | <input type="checkbox"/> Tattoos/permanent make-up (A)                                    |
| <input type="checkbox"/> Cystic Acne (P)                                   | <input type="checkbox"/> Polycystic ovarian disease (PCOD)                                |
|  | <input type="checkbox"/> Implants (Location: _____)                                       |
|  | <input type="checkbox"/> Collagen injection (Location: _____)                             |

**Please list any medications or herbal supplements that you are currently taking:**

\_\_\_\_\_

Patient Signature

Date

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

**My ethnic origin is closest to:**  
(check one)

I. Very fair (Celtic and Scandinavian)	<input type="checkbox"/>
II. Fair-skinned Caucasians with light hair and light eyes	<input type="checkbox"/>
III. Pale-skinned Caucasians with dark hair and dark eyes	<input type="checkbox"/>
IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)	<input type="checkbox"/>
V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	<input type="checkbox"/>
VI. Very dark-skinned (African)	<input type="checkbox"/>

**My eye color is:**

Light blue	0
Blue/green	1
Green/gray/golden	2
Hazel/light brown	3
Brown	4

**My natural hair color at age 18 was:**

Red	0
Blonde	1
Light brown	2
Dark brown	3
Black	4

**The color of my skin that is not normally exposed to sun is:**

Pink to reddish	0
Very pale	1
Pale with a beige tint	2
Light brown	3
Medium to dark brown	4
Dark brown-black	6

**If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:**

Burn, blister and peel	0
Burn, then when the burn resolves there is little or no color change	1
Burn, but then turns to tan in a few days	2
Get pink, but then turns to tan quickly	3
Just tan	4
Just gets darker	5
My skin color is so dark I can't tell	6

**When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?**

Longer than one month ago	0
Within the past month	1
Within the past two weeks	3
Within the past week	4

**Total Score:**

If your score is:	Your skin type is:	Notes:
0 – 3	I	
4 – 7	II	
8 – 11	III	
12 – 15	IV	
16 – 19	V	
20 – 24	VI	