

**Esthetic Laser Clinic**  
**8381 Old Courthouse Road**  
**Suite 300**  
**Vienna, VA 22182**  
**(703) 288 – 0085**  
**www.elaserclinic.com**



## **Client Information Sheet**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ (MM/DD/YY)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ (Please print clearly)

May we leave a message on your answering machine or voicemail?    Y            N

May we leave a message with someone else?    Y            N

Would you like to receive emails for upcoming specials and promotions?            Y            N

Would you like to receive mailed post cards for upcoming specials and promotions?    Y            N

What is the best way to contact you? \_\_\_\_\_

How would you like to be reminded of your upcoming appointments?    Email            or            Phone Call

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If you were referred to us by one of our clients, whom may that be (please list First and Last Name) :

\_\_\_\_\_

**Client Medical History**

Please list any medications taken within the last 30 days, including dosage. Include vitamins, herbal supplements, and any over the counter medication.

\_\_\_\_\_

\_\_\_\_\_

Please list any topical medications used within the last 30 days, including Retinol or vitamin A derivatives.

\_\_\_\_\_

\_\_\_\_\_

Have you taken Accutane within the last 12 months?    Y        N

If yes, when did you start? \_\_\_\_\_ When did you stop? \_\_\_\_\_

Do you have any of the following medical conditions?

<input type="checkbox"/> Active Infections	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hypertrophic Scarring
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Herpes	<input type="checkbox"/> Keloid Scarring
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Emphysema	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lupus
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> HIV	<input type="checkbox"/> Seizures
<input type="checkbox"/> Blood Clotting	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hormone Imbalance	<input type="checkbox"/> Skin Disease

Please list any other medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Do you have allergies to any of the following?

Aspirin   Y   N    Cryogen   Y   N    Hydrocortisone   Y   N    Latex   Y   N    Topical Anesthetics   Y   N

Please list any other allergies: \_\_\_\_\_

Are you currently under the care of a physician or dermatologist?    Y        N

If yes, please explain: \_\_\_\_\_

Do you exercise?   Y   N        If yes, how often? \_\_\_\_\_

Do you smoke?        Y        N

Are you pregnant?    Y        N

Are you planning becoming pregnant?    Y        N

Are you breastfeeding?   Y        N

## **Patient Skin Type Evaluation**

Two main factors that influence skin type and the treatment program devised by your technician are:

- genetic disposition
- reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which includes the color of your eyes and hair. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning product can have a major impact on your skin evaluation.

Please circle the number that best describes you.

### **1. Your Eye Color?**

- 0 Light Blue
- 1 Green
- 2 Blue (medium to dark)
- 3 Brown
- 4 Brownish Black

### **2. Your NATURAL Hair Color?**

- 0 Red
- 1 Blonde
- 2 Dark Blonde/Chestnut
- 3 Brown
- 4 Black

### **3. Color of your non-exposed skin?**

- 0 Reddish
- 1 Very Pale
- 2 Pale with Beige tint
- 3 Light Brown
- 4 Dark Brown

### **4. Do you have freckles on non-exposed areas?**

- 0 Many
- 1 Several
- 2 Few
- 3 Incidental
- 4 None

### **5. What happens when you stay in the sun too long?**

- 0 Painful Redness, Blistering
- 1 Moderate Burn, Sometimes Blister
- 2 Mild Burn, then peel
- 3 Rarely Burn
- 4 Never Burn

**6. To what degree do you turn brown?**

- 0 Not at all
- 1 Hardly to light tan
- 2 Medium tan
- 3 Tan very easily
- 4 Turn dark brown quickly

**7. Do you burn within several hours of sun exposure?**

- 0 Never
- 1 Seldom
- 2 Sometimes
- 3 Often
- 4 Always

**8. How does your face react to the sun?**

- 0 Very Sensitive
- 1 Sensitive
- 2 Normal
- 3 Very Resistant
- 4 No Reaction

**9. When did you last expose your skin to the sun OR artificial tanning?**

- 0 More than three months ago
- 1 Two to three months ago
- 2 One to two months ago
- 3 Less than 1 month ago
- 4 Less than 2 weeks ago

**10. Is the area(s) you are getting treated exposed to the sun?**

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Often
- 4 Always

Now add up all your answers from questions 1-10 above. What is the total? = \_\_\_\_\_ (TOTAL)

- 0 - 7      Type 1**
- 8 - 16     Type 2**
- 17 - 25    Type 3**
- 26 - 30    Type 4**
- 31 - 33    Type 5**
- 33 & up    Type 6**

For example if your total is 27 then you are Type 4

Based on chart above and your answers, you are FITZPATRICK SKIN TYPE = \_\_\_\_\_

**Daily Skin Routine**

Please explain your daily skin care regiment, include any products you are using.

**MORNING**

---

---

---

---

**EVENING**

---

---

---

---

If you could change anything about your skin what would it be?

---

---

---

---

What products or treatments have you tried to make these changes?

---

---

---

---

**Cancellation Policies & Procedures**

(Please initial below)

I understand that appointments are based on availability.\_\_\_\_\_

I understand that if I am running late, I must notify the Esthetic Laser Clinic. If there is time your technician will see you, however may have to reschedule your appointment.\_\_\_\_\_

We ask that you give us at least 24 hours' notice (48 hours for any appointment 60 minutes or longer) to cancel any appointment.\_\_\_\_\_

Failure to comply with our cancellation policy may result in the loss of a treatment in your package.\_\_\_\_\_

If my appointment is scheduled for 60 minutes or longer I may be asked to provide my credit card information that will be kept securely on file.\_\_\_\_\_

If at any time I request my treatment records from my time at the Esthetic Laser Clinic I will be charged a processing fee in the amount of \$25.00 \_\_\_\_\_

**Product Return Policy**

**Unopened Products – with receipt**

These items may be returned for a full refund within seven (7) days of purchase.

**Unopened Products – without receipt**

These items may be returned, for an exchange only, of another product within seven (7) days of purchase.

**Opened Products**

Due to health and sanitation practices, we are unable to refund or exchange any opened products

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR STAFF USE ONLY**

I have discussed the following with the client, and have given them the opportunity to ask any questions regarding laser hair removal treatments.

- \_\_\_\_\_ Treatment options (testing, brown/black hair responds best, number of treatments)
- \_\_\_\_\_ Client expectations (understanding multiple treatments are necessary, before/after care)
- \_\_\_\_\_ Possible side effects (hyper/hypo pigmentation, scarring, burns, blisters, pain and discomfort)
- \_\_\_\_\_ Mandatory use of SPF and avoidance of sun exposure, including tanning beds
- \_\_\_\_\_ Cost of treatments, current specials, discounted packages and Care Credit Application
- \_\_\_\_\_ Cancellation policy and scheduling
- \_\_\_\_\_ Contraindications for laser hair removal treatments
- \_\_\_\_\_ Medical conditions and effects of medication on the skin
- \_\_\_\_\_ I have reviewed the Product Return Policy
- \_\_\_\_\_ I have given my client the Post Treatment Care Instructions

**CONSULTATION NOTES**

---

---

---

---

---

---

---

---

---

---

---

---