



Name _____ Birthdate ____ / ____ / ____ Sex M / F
 Email _____ Phone _____
 Address _____ City _____ Zip _____
 Emergency Contact _____ Number _____
 Allergies _____
 How did you hear about Look Young Atlanta? _____

Please circle any past or current medical conditions:

Lupus / Auto-Immune Deficiency	Accutane Treatment	Diabetes
Pregnant	Keloid or Thick Scarring	Epilepsy
Bleeding Abnormalities	Herpes Simplex / Fever Blisters	Scars that turn white or brown
Dark Spots after Pregnancy	Psoriasis or Vitiligo	Leg Ulcer or Phlebitis
Blood Thinning	Rheumatoid Arthritis	Cystic Acne
HIV	Hepatitis	Waxing/Plucking in last 4 weeks
Hirsutism	Transplant Anti-rejection Drugs	Skin Cancer
Permanent Makeup	Surgical Implants	Metal Implants
Chemical Peels	Microdermabrasion	Laser Resurfacing or Facelift

Please list any past or current medical conditions that are not listed above:

Please list any medications or herbal supplements that you are currently taking, including topical medications:

Please circle any procedures about which you would like to receive more information:

Weight Loss/More Energy	Hormone Replacement Therapy	Laser Hair Removal
Botox/Fillers	Sun Damage Removal	Wrinkle Removal
Decreasing Pore Size	Decreasing Acne Scarring	Laser Vein Removal

By my signature below, I certify that the above medical information is true and accurate.

Signature

Date



LOOK YOUNG
ATLANTA

**PATIENT CONSENT FORM
FOR LIGHT-BASED HAIR REMOVAL**

I hereby authorize Look Young Atlanta or any delegated associates to perform light based hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple treatments and that it is only effective on hair with color and does not treat white, grey, blond, or red hair. I understand that genetics, hormones, and hair color may interfere with hair loss and that I may not respond at all.

I am aware of the following possible experiences/risks:

- DISCOMFORT – A slight warming sensation may be experienced during treatment.
- REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- WOUNDS – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- INFECTION – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office at 404 239 3911.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Possible alternative procedures such as topicals, microdermabrasion, or surgery
- Probability of success
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep Look Young Atlanta and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do ___do not___ authorize the use of my photographs for teaching purposes.

Arbitration and Dispute Settlement. Except for claims for injunctive or equitable relief, any dispute arising under this Agreement shall be finally settled in accordance with the Comprehensive Arbitration Rules of the Judicial Arbitration and Mediation Service, Inc. (“JAMS”) by an arbitrator appointed in accordance with such Rules. The arbitration shall take place in Atlanta, Georgia, in the English language, and the arbitral decision may be enforced in any court. The award rendered by the arbiter to the prevailing party in any action or proceeding to enforce this Agreement shall include costs of arbitration, reasonable attorneys’ fees and reasonable costs for expert and other witnesses, and any judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

ALL CLAIMS MUST BE BROUGHT IN THE PARTIES’ INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING, AND THE ARBITRATOR MAY NOT CONSOLIDATE MORE THAN ONE PERSON’S CLAIMS. YOU AGREE THAT, BY ENTERING INTO THESE TERMS, YOU AND LOOK YOUNG ATLANTA, LLC ARE EACH WAIVING THE RIGHT TO A TRIAL BY JURY OR TO PARTICIPATE IN A CLASS ACTION.

ACKNOWLEDGMENT

By my signature below, I certify that I have read and fully understand the contents of this permission form for Laser Genesis treatment, and that the disclosures referred to herein were made to me.

Signature

Date

Fitzpatrick Classification Questionnaire

SCORE		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
	What is the eye color?	Light blue, Gray, Green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black
	What is the color of sun unexposed skin areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	How many freckles on unexposed skin areas?	Many	Several	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 month ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
	TOTAL					

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI



Patient Guide for Laser Hair Removal Treatment

4-5 Weeks Prior to Treatment

Laser hair removal preparation begins weeks before your first treatment takes place. You should avoid sun exposure, self-tanning (sunless tanner or spray-on tans), or tanning beds. This will make your skin more conducive to Laser Hair Removal and will improve your results.

You should also stop waxing, plucking, or using any other hair removal method other than shaving. Waxing and plucking mess up the natural growth cycle of the hair, making it much more difficult to effectively target the hair for laser hair removal.

24 Hours Prior to Treatment

Within 24 hours of your laser hair removal appointment, carefully shave the area to be treated. This allows the laser procedure to be completed more quickly and with less discomfort for you. If you are unable to shave yourself, we can shave you for \$50.

The Day of Treatment

Skip your standard applications of lotion, makeup, perfume, and deodorant. Skin should be clean and product-free before your treatment.

If you have permanent makeup or tattoos in the area to be treated, let us know! You can still receive treatment but the tattooing must be covered, to protect it and your skin.

During Treatment

During treatment you will feel heat and the sensation of a small rubber band popping on your skin. Let the technician know if you are experiencing any discomfort.

After Treatment

Apply sunscreen immediately after treatment and every time you go outside for the next week. You may put on makeup immediately after your treatment. You may experience some redness like a slight sunburn, but this should resolve within a day of your treatment. About a week after your treatment, you may notice hairs in the treated area falling out. In many instances, however, hairs fall out unnoticed. Make sure to schedule your appointments 4 weeks apart for your face or neck and 6 weeks apart for the rest of your body. If you don't notice any new hair growth the week of your next appointment, then call us to push the appointment back another week.

Do not get Laser Therapy if you:

- Have gotten Botox or a dermal filler in the treated area within the past 2 weeks
- Have diabetes
- Have a seizure disorder or epilepsy
- Have Lupus or any light sensitive disorder
- Use or have used Accutane within the past 6 months
- Take photo-sensitive prescription drugs such as Tetracycline, Doxycycline, etc.
- Use Retin-A. Retin-A, Avita and Renova are brand names for the generic drug Tretinoin. Side effects that may occur if this medication is not stopped at least 2 weeks prior to your laser treatment include burning of the skin, hyper-pigmentation (darkening of the skin) and hypo-pigmentation (lightening of the skin)