

**CONSULTATION FORM
 FOR LIGHT-BASED PROCEDURES**

Date: _____

Name: _____ Age: _____

Treatment Area: _____ Fitz. Skin Type: I II III IV V VI

Past Medical History: _____

Pregnant Yes No

Current Medications: _____

Allergies: _____

| History | Yes | No | N/A | Date |
|--------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Recent Sun Exposure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Previous Laser Treatments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hair Removal | | | | |
| Waxing, Plucking, Electrolysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Accutane, last 6 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Gold Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Coagulopathies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Herpes/Cold Sores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Vitiligo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| History of Melanoma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Keloids/Hypertrophic Scarring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tattoos/Permanent Make-up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fillers, Botox etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pacemaker/Defibrillator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Implants/Surgeries in treatment area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Initial:

- _____ Benefits of procedure discussed.
- _____ Contraindications reviewed.
- _____ Risks reviewed.
- _____ Probability of success reviewed.
- _____ Alternative procedures available.
- _____ Consent signed.
- _____ Verbal and written post-treatment instructions given to patient.
- _____ Pre-op photos taken.
- _____ Appointment scheduled: Date: _____ / _____ / _____

Comments: _____

Signature of consultant: _____

LASER PATIENT CONSULTATION

Date: _____

Name: _____

Purpose of consultation:

- Hair Veins Skin Laxity
 Skin Texture (pores, wrinkles) Skin Tone (redness) Other _____

Area of involvement: _____

Skin type: I II III IV V VI

Current Medications: _____

Allergies/Sensitivities: _____

Previous Skin Treatments:

| | | | |
|---------------------|---------------------|--------------------|--------------------------------|
| <i>Tanning</i> | sun exposure | tanning bed | tanning products |
| <i>Medications</i> | Accutane w/in 6 mos | Retin-A w/in 6 wks | |
| <i>Hair removal</i> | pluck/wax | electrolysis | depilatories laser/light _____ |
| <i>Wrinkles</i> | fillers | Botox | surgery laser/light _____ |
| <i>Laxity</i> | surgery | laser/light | _____ |
| <i>Desquamation</i> | microda | glycolic peels | other _____ |
| <i>Vein removal</i> | electrodessic | sclerotherapy | laser/light _____ |
| <i>Pigment</i> | laser/light | | _____ |

Skin Conditions:

- photosensitivity keloid scarring skin cancer easy bruising/bleeding
 vitiligo psoriasis cold sores/herpes exzema/dermatitis
 rosacea acne

Items Discussed/Reviewed:

- Medical history taken/updated Yes No
 Procedure *Specify:* _____ Yes No
 Benefits Yes No
 Contraindications Yes No
 Risks Yes No
 Alternative procedures available if applicable Yes No
 Likely results Yes No

Disposition:

- Treatment to be scheduled Undecided Not interested
 Verbal and written pre/post treatment instructions given to patient Yes No
 Medications prescribed _____ Yes No
 Before photos taken Yes No
 Patient consent signed Yes No

Comments: _____

Consultant: _____