

WELLNESS AESTHETICS

Laser & Skin Treatment Intake Form

Client Information:

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Referred By: _____

Medical & Skin History:

Please check all that apply:

Pregnancy/Breastfeeding History of Keloids/Scarring

Photosensitive Condition Autoimmune Disorders

Cold Sores/Herpes Recent Surgeries

Accutane (within 6 months) Cancer (current or past)

Hormonal Treatments Diabetes or Skin Conditions

Medications/Supplements (list): _____

Fitzpatrick Skin Type (Check One):

I - Always burns, never tans

II - Burns easily, tans minimally

III - Mild burns, tans moderately

IV - Rarely burns, tans easily

V - Rarely burns, tans deeply

VI - Never burns, deeply pigmented

Note: Fitzpatrick IV-VI skin types may be more prone to pigmentation changes, hyperpigmentation, or burns.

A 48-hour test spot is recommended before full treatment.

Treatment Requested:

- Laser Hair Removal
- IPL / Skin Rejuvenation
- Pigment or Vascular Correction
- Other: _____

Potential Risks & Side Effects:

Laser treatments can carry the risk of temporary or permanent side effects including:

- Burning or blistering of the skin
- Hyperpigmentation or hypopigmentation
- Redness, swelling, or bruising
- Infection or delayed healing
- Scarring or crusting in rare cases

It is essential to follow all pre- and post-care instructions to minimize these risks. Please inform your technician of any recent sun exposure, medication changes, or skin treatments.

Cancellation Policy:

All appointments require 36 hours' notice for cancellation or rescheduling. First missed appointment is forgiven. Second missed appointment is subject to a fee. If two services are missed, a \$100 charge may apply and future bookings may be restricted.

Photo Consent:

- I give permission for before/after photos to be used for marketing.
- I do not consent to photo use.

Client Acknowledgment:

I have answered all questions truthfully. I understand the nature of laser treatments, potential risks, and the importance of aftercare. I consent to receive laser services under these terms.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____