

NORTH JERSEY LASER ASSOCIATES, LLC.

History Card

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____
How Referred: _____
Previous Treatments: Yes No Date Last Treated: _____ Areas: _____
What is your parents' ethnic background: _____

LOCATION OF EXCESS HAIR:

<input type="checkbox"/> Sideburns	<input type="checkbox"/> Chest	<input type="checkbox"/> Back of Neck	<input type="checkbox"/> Areola	<input type="checkbox"/> Unibrow
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Back	<input type="checkbox"/> Underarm	<input type="checkbox"/> Full Face
<input type="checkbox"/> Nose	<input type="checkbox"/> Arms	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ears	<input type="checkbox"/> Bikini
<input type="checkbox"/> Lip	<input type="checkbox"/> Chin	<input type="checkbox"/> Hands & Feet	<input type="checkbox"/> Legs	

Other: _____

MEDICAL HISTORY:

Are you under a doctor's care? _____
Recent surgery or injury: _____
Are you currently on any mood altering or depression medication? Yes No
Allergies: _____
Present Medications: _____
Are you pregnant? Yes No
Regular periods? Yes No
Over/in Menopause? Yes No
Metal Implant / Copper IUD? Yes No
Hysterectomy? Yes No
Birth Control? Yes No

Have you ever had any of the following?

Heart Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis? (type) <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Acne? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Keloids? <input type="checkbox"/> Yes <input type="checkbox"/> No
Herpes I/II <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that laser hair removal is not immediately permanent and that a series of treatments is necessary to achieve permanent hair reduction. I understand the success of treatments depends largely on my cooperation with my treatment schedule and recommendations made by the laser technician. I agree to inform the technician of any changes in my skin after treatment, as well as changes in my general health.

Print Name: _____ Technician: _____
Signature: _____ Date: _____

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Fitzpatrick Skin Typing

Skin type I	Never Tans, always burns (extremely fair skin, blond/red hair).
Skin type II	Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes).
Skin type III	Often tans, sometimes burns during first exposure to sun (medium skin, brown hair).
Skin type IV	Always tans, never burns (olive skin, brown/black hair).
Skin type V	Never burns (dark brown skin, black hair)
Skin type VI	Never burns (black skin, black hair)

Have you ever had a laser treatment before? Yes No

We do not recommend laser therapy if any of the below conditions exists. Please check any box that describes your current health condition. Please advise the technician of any medications you are taking (see form).

- Pregnancy
- Photosensitivity Disorders
- Herpes (active)
- Shingles (active)
- Seizure disorders triggered by light

Please circle the choices that best describe you and our skin

Score	0	1	2	3	4	Scores
What is your eye color	Light Blue	Blue, Gray, or Green	Blue/Hazel	Brown	Brownish Black	
What is the natural color of your hair	Sandy, Red	Blond	Dark Blond / Light Brown	Chestnut / Brown	Black	
What is the color of your non-exposed skin	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas	Many	Several	Few	Incidental	None	
What happens when you stay too long in the sun (1 st Exposure)	Painful, redness blistering, peeling	Blistering, followed by peeling	Burns - sometimes followed by peeling	Rarely burns	Never Burns	
To what degree do you turn brown	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly	
Do you turn brown after several hours of sun exposure	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
					Total/ Skin Type	

When did you last expose your body to sun or tanning booth or tan cream	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
When did you last expose the area to be treated to sun	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	

<u>Skin Type Score</u>	<u>Fitzpatrick Skin Type</u>
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

Score With Tanning Habits	
Total/ Skin Type	

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Skin Analysis

Have you used Retin A or Retinol products in the last 2 weeks in the area to be treated? Y/N

Are you currently taking Accutane for acne, or have you taken it in the last year? Y/N
If yes, explain. _____

Have you had a chemical or acid peel on your face in the last 3 months? Y/N
If yes, explain where and when and what percent? _____

Are you or have you seen a Dermatologist in the last 6 months? Y/N
If yes, are you using Dermatologist strength skincare products? Y/N
List products: _____

Are you currently using a topical antibiotic on your face for acne? Y/N

Are you currently taking oral antibiotics? Y/N

Have you taken or antibiotics in the last two weeks? Y/N

Do you have any tattoos or body piercing in the area to be treated? Y/N
Where? _____

Have you ever been diagnosed with polycystic ovary disease? Y/N

Do you have excessive hair growth? Y/N
If yes, in what areas on the body? _____

Do you have a hypo/hyperactive thyroid condition? Y/N
If yes, have you had surgery or take medication for the condition? Y/N

Have you seen an Endocrinologist in the last year? Y/N
If yes, explain. _____

Have you tried laser hair removal or other methods of hair removal in the past? Y/N
If yes, explain. _____

Client Signature: _____

Date: _____

NORTH JERSEY LASER ASSOCIATES, LLC.

CONSENT FORM FOR LASER SERVICES

I authorize North Jersey Laser Associates and its designated staff to perform Laser Hair Removal on my body. I understand that Laser Hair Removal is an FDA-approved treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows:

PAIN:

The Laser causes mild discomfort, which can be minimized by applying an anesthetic cream approximately one hour before each treatment. LMX is the anesthetic cream that can be bought over the counter in most pharmacies. (Check to see if this needs to be ordered by your pharmacist.)

CRUSTING:

If superficial crusts form, they should resolve with the gentle care we describe in the after instructions.

PIGMENT CHANGES:

Temporary color changes such as hyperpigmentation, which is a brown discoloration, or hypopigmentation, which is a skin lightening, may occur. While these can take 3 to 6 months to resolve, they rarely lead to permanent scarring (under 1%).

EYE PROTECTION:

Protective eyewear must be worn by everyone present during treatments.

PERSISTENCE OF HAIR:

Evaluation of Laser Hair Removal is on-going, but studies and clinical experience suggest that multiple treatments produce long-term hair loss. Although some clients will respond better than others, most clients will experience progressive hair loss with each treatment. The Gentlelase has been FDA approved in 1998 for permanent hair reduction. The Gentlelase produces stable long term hair reduction.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanned skin should only be treated with the Yag laser and only after being out of the sunlight, tanning beds and/or the use of tanning creams for a minimum of 14 days. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the laser to damage my skin. I have also read and will abide by the Client Instruction sheet for the Gentlelase and GentleYag Treatments I will agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyperpigmentation. I hereby release North Jersey Laser Associates and its medical staff and the specific technician from liability associated with the above.

Client Signature _____ Date _____

NORTH JERSEY LASER ASSOCIATES, LLC.

CONSENT FOR LASER SERVICES FOR MINORS (UNDER 18 YEARS OLD)

I authorize North Jersey Laser Associates and its designated staff to perform Laser Hair Removal on my body. I understand that Laser Hair Removal is an FDA-approved treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows:

PAIN:

The Laser causes mild discomfort, which can be minimized by applying an anesthetic cream approximately one hour before each treatment. LMX is the anesthetic cream that can be bought over the counter in most pharmacies. (Check to see if this needs to be ordered by your pharmacist.)

CRUSTING:

If superficial crusts form, they should resolve with the gentle care we describe in the after instructions.

PIGMENT CHANGES:

Temporary color changes such as hyperpigmentation, which is a brown discoloration, or hypopigmentation, which is a skin lightening, may occur. While these can take 3 to 6 months to resolve, they rarely lead to permanent scarring (under 1%).

EYE PROTECTION:

Protective eyewear must be worn by everyone present during treatments.

PERSISTENCE OF HAIR:

Evaluation of Laser Hair Removal is on-going, but studies and clinical experience suggest that multiple treatments produce long-term hair loss. Although some clients will respond better than others, most clients will experience progressive hair loss with each treatment. The Gentlelase has been FDA approved in 1998 for permanent hair reduction. The Gentlelase produces stable long term hair reduction.

I am the parent/legal guardian of _____ and by signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanned skin should only be treated with the Yag laser and only after being out of the sunlight, tanning beds and/or the use of tanning creams for a minimum of 14 days. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the laser to damage my skin. I have also read and will abide by the Client Instruction sheet for the Gentlelase and GentleYag Treatments. I also agree that I have been instructed to use sunblock on exposed areas immediately following treatment. I will agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyper pigmentation. I hereby release North Jersey Laser Associates and its medical staff and the specific technician from liability associated with the above. I hereby state that the minor in my care is also aware and understands the terms of this consent.

Client Signature

Date

Minor's Signature

Date

North Jersey Laser Associates, LLC.

CLIENT INSTRUCTIONS FOR GENTLELASE AND GENTLEYAG TREATMENTS

PRE-TREATMENT INSTRUCTIONS:

1. Avoid the sun 7-14 days before and after Yag treatments or 4-6 weeks before and after GentleLASE treatments.
2. You **MUST** avoid bleaching, plucking, or waxing hair for 4 weeks prior to treatment.
3. If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week after treatment.
4. If you have a darker skin type, a bleaching regiment may be started 4-6 weeks before treatment. Also, the use of tanning cream must be discontinued at least one week before treatment.
5. The laser seeks melanin and it will also be attracted to dark colors. Therefore, if you are treating your bikini area, we ask that you please wear white or light-colored undergarments.
6. Tanned skin can be treated with the GentleYAG laser but avoiding direct exposure to the sun or tanning beds in the treatment area is always recommended for at least one week before and after treatments.

INTRA-TREATMENTS CARE

1. The skin is cleaned and shaved or left with one day of new growth. The use of the topical anesthetic Lidocaine is optional for discomfort.
2. Epidermal melanocytes compete as the chromophore (target) for the 755 or 1064 mm wavelength with melanin at the target site. The DCD, or cooling device, will be used with the laser procedure. Protective eyewear will be worn by the client and all personnel during the procedure.

POST-TREATMENT CARE:

1. Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site which may last up to 2 hours or longer. The erythema may last up to 2-3 days. The treated area can feel like sunburn for a few hours after treatment. The applications of ice during the first few hours after treatment will reduce the discomfort and swelling that may be experienced but we recommend only aloe vera gel after treatment. Rarely, minor epidermal blistering may occur in which case triple antibiotic ointment may be applied. If this should happen, please contact our office immediately and our nurse will give you further instructions.
2. Makeup may be used immediately after the treatment unless there is epidermal blistering. It is recommended to use ONLY NEW makeup to reduce the possibility of infection.
3. Avoid sun exposure to reduce the chance of hyper pigmentations or darker pigmentations for 5 to 7 days post treatment. Use sunscreen (SPF 25 or greater) at all times throughout the course of treatment.
4. Avoid picking or scratching the treated skin. Do not use any other hair removal treatment products or similar treatments waxing, electrolysis, tweezing or bleaching) that will disturb the hair follicle on the treatment area for 4 to 6 weeks after the treatment is performed. Shaving may be performed.
5. Call our office with any questions or concerns you may have after the treatment. Return to our office or call for an appointment at the first sign of the return of hair growth. This can mean within 4 to 6 weeks for the upper body treated and possibly as long as 4 to 12 weeks for the lower body. **Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.**
6. Anywhere from 5-21 days after the treatment, shedding of the surface hair may occur and this appears as new hair growth. This is NOT new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or loofa sponge.
7. After the axilla (underarms) are treated, use a powder instead of deodorant for 24 hours after the treatment to reduce skin irritation.
8. There are no restrictions on bathing except to treat the skin gently, as if you had a sunburn for the first 24 hours.

Signed: _____
Client Signature

Date: _____

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Drugs that May Cause Photosensitivity

ACNE MEDICATIONS

isotretinoin (Accutane)
tretinoin (Retin-A)

ANTI-ARTHRITICS

Gold salt thiomalate (Solganol)

ANTINEOPLASTIC MEDICATIONS

dacarbazine (DTIC-Dome)
fluorouracil (Fluoroplex; others)
methotrexate (Mexate; others)
vinblastine (Velban)

ANTIDEPRESSANTS

amitriptyline (Elavil; others)
bupropion
clonipramine
desipramine (Norpramin, Petrofrane)
doxepin (Adapin, Sinequan)
fluoxetine (Prozac)
imipramine (Tofranil)
maprotiline
mirtazapine (Remeron)
nortriptyline (Aventyl, Pamelor)
paroxetine (Paxil)
protriptyline (Vivactil)
sertraline (Zoloft)
tricyclics
trimipramine (Surmontil)

ANTIHISTAMINES

astemizole
brompheniramine
cetirizine
cyproheptadine (Periactin)
diphenhydramine (Benadryl; others)
loratadine (Claritin)
terfenadine

ANTI-INFLAMMATORY

celecoxib (Celebrex)
ibuprofen (Motrin)
naproxen (Naprosyn)

ANTIBIOTICS

Azithromycin (Zithromax)
demeclocycline (Declomycin; others)

doxycycline (Vibramycin; others)
griseofulvin (Fulvicin-U/F; others)
hexachlorophene
lomefloxacin (Maxaquin)
methacycline (Rondomycin)
nalidixic acid (NegGram; others)
oxytetracycline (Terramycin; others)
quinolones
sulfonamides
sulfacyntide
sulfamethazine
sulfamethizole
sulfamethoxazole-trimethoprim (Bactrim, Septra)
sulfasalazine
sulfathiazole
sulfisoxazole (Gantrisin)
tetracyclines

ANTIPSYCHOTICS

chlorpromazine (Thorazine; others)
fluphenazine (Permitil; Prolixin)
haloperidol (Haldol)
perphenazine (Trilafon)
phenothiazines
piperacetazine (Quide)
prochlorperazine (Compazine; others)
promethazine (Phenergan; others)
resperidone
thioridazine (Mellaril)
thiothixene
trifluoperazine (Stelazine; others)
triflupromazine (Vesprin)
trimeprazine (Termaril)

CARDIAC MEDICATIONS

ACE inhibitors (Vasotec)
amiodarone (Cordarone)
diltiazem (Cardizem)
disopyramide (Norpace)
losartan
lovastatin (Mevacor)
pravastatin (Pravachol)
quinidine
sotalol
simvastatin (Zocor)

Drugs that May Cause Photosensitivity - continued

CHELATING AGENTS

DIURETICS

acetazolamide (Diamox)
 amiloride (Midamor)
 bendroflumethiazide (Naturetin; others)
 benzthiazide (Exna; others)
 chlorothiazide (Diuril; others)
 chlorthalidone
 cyclothiazide (Arhydron)
 furosemide (Lasix)
 hydroflumethiazide (Diocardin; others)
 hydrochlorothiazid (eHydrodiuril; others)
 methyclothiazide (Aquatensen, Enduron)
 metolazone (Diulo, Zaroxolyn)
 polythiazide (Renese)
 quinethazone (Hydramox)
 trichlormethiazide (Metahydrin; others)
 thiazides

HERBAL MEDICINES

Additional plant families
 Agrimony (*Agrimonia eupatoria*)
 Angelica root and fruit (*Angelica* species)
 Bergamot peel (*Citrus bergamia*)
 Bitter orange peel (*Citrus aurantium*)
 Buttercup plant (*Ranunculus* species)
 Carrot family
 Celery (*Apium graveolens*)
 Cow Parsnip (*Heracleum lanatum*)
 Dill (*Anethum graveolens*)

Fennel (*Foeniculum vulgare*)
 Fig (*Ficus carica*)
 Goosefoot (*Chenopodium* species)
 Kella fruit (*Ammi visnaga*)
 Lemon peel (*Citrus limonia*)
 Lomatium (*Lomatium dissectum*)
 Lovage root (*Levisticum officinale*)
 Parsley (*Petroselinum sativum*)
 Psoralea seeds (*Cullen coryifolia*, *Psoralea coryifolia*)
 Queen Anne's lace (*Daucus carota*)
 Rue leaves (*Ruta graveolens*)
 St John's wort (*Hypericum perforatum*)
 Yarrow plant (*Achillea millefolium*)

HORMONAL

estrogen replacement
 oral contraceptives
 other hormones

HYPOLYCEMICS

acetohexamide (Dymelor)
 chlorpropamide (Diabinese; Insulase)
 glimipiride
 glipizide
 glybuide
 tolazamide (Tolinase)
 tolbutamide (Orinase; others)

SUNSCREENS containing

benzophenones
 PABA (p-aminobenzoic acid)

- The use of potential photosensitizers alone or in combination may induce hyperpigmentation, hypopigmentation, dermatitis, blister formation or burns.
- Increased sensitivity to the laser procedure may occur.
- Perform a test treatment in any situation when the outcome is questionable.
- Always check OTC labels for complete ingredients.