

East Hill Medical Group

LHR

Dr. Kevin M. Hogan D.C.
Clinic Director

Dr. R. Blake Sayre, M.D.
Medical Director

99 S Alcaniz St. Suite B ♦ Pensacola, FL 32502 ♦ (850) 437-0035 ♦ www.easthilllaser.com ♦ easthilllaser@gmail.com

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel. #: _____ Cell #: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email: _____ How Referred: _____

Parents Ethnic Background: _____ Previous Treatments Y / N Year: _____ Area(s): _____

Other Important Information: _____

Skin Analysis	Medical History
Have you used Retin A in the last 2 weeks in the <u>treatment</u> area(s) Y / N	Are you under a doctor's care for anything we should be aware of? Y / N If yes, explain Are you currently on mood altering or depression medication? Y / N If yes, please List Other Present Medications, please list Y / N Do you take daily aspirin regimen or anti-coagulant? Y / N Present Herbal Vitamin, IRON and other supplements, please list Y / N Do you have excessive hair growth? Y / N If yes, list location(s) Do you have metal implants? Y / N If yes, list location(s) Do you have any tattoos or body piercing in the <u>treatment</u> area? Y / N If yes, where? <div style="text-align: center;"><u>WomenOnly</u></div> Are you pregnant? Y N If so, Due Date _____ Hysterectomy? Y N Regular Periods? Y N Heart Condition? Y / N Menopause? Y / N Over - In - Peri-menopause Birth Control Y / N Copper IUD Y / N Have you been diagnosed with PCOS (Polycystic Ovarian Syndrome) Y / N
Have you had a chemical/acid peel on the <u>treatment</u> area(s) in the last 3 months? Y / N	
Are you currently taking Accutane or have you taken it in the last year? Y / N	
Have you had radiation therapy in the last 6 months? Y / N	
Have you taken oral antibiotics in the last 14 days? Y / N If yes, list:	
Are you on any light sensitive medications? Y / N If yes, list:	
Have you seen a Dermatologist in the past 6 months? Y / N If yes, List any Dermatologist strength skin care products being used in the <u>treatment</u> area(s)?	
Are you using a topical antibiotic on the <u>treatment</u> area(s) for acne or other? Y / N if yes, list:	
Have you seen an Endocrinologist in the last year? Y / N If yes, explain	
Do you have hypo/hyperactive thyroid condition? Y / N If yes, List surgeries and/or medications	

Have you ever had any of the following? If yes, terminated (t) or continued (c)?

Heart Condition () Yes () No Pacemaker () Yes () No Cancer Treatment () Yes () No Hepatitis Type _____ () Yes () No
 Diabetes () Yes () No Herpes I/II () Yes () No Coagulation Problem () Yes () No Pertinent Allergy () Yes () No
 Keloids () Yes () No Acne () Yes () No Aloe Allergy () Yes () No

I understand that laser hair removal is not immediately permanent and that a series of treatments are necessary to achieve permanent hair reduction. I understand the success of treatments largely depends 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. By signing below, I certify the above information to be accurate.

Signature _____ Date: _____

Technician _____

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FitzpatrickSkinTyping

Question	0	1	2	3	4	Score
What is your eye color?	Light Blue	Blue, Grey or Green	Blue / Hazel	Brown	Brownish Black	
What is the Natural color of your hair?	Sandy / Red	Blonde	Dark Blonde/Light Brown	Chestnut/Brown	Black	
What is the color of your non-exposed skin?	Reddish	Very pale	Pale with a beige tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens the first time you stay in the sun too long?	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 easily	Turn dark brown quickly	
Do you turn brown after the first 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, tanning booth or tan crème?	More than 3 month ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
When did you last expose the treatment area to the sun?	More than 3 month ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
					Score with tanning habits	
					Total	Skin Type

We do NOT recommend laser therapy if any of the below conditions exist. Please circle those that apply.

- Photosensitive disorder
 Active Herpes in treatment area(s)
 Active Shingles
 Seizure disorder triggered by light

TYPE 1:	Highly sun-sensitive, always burns, never tans. Example: Very pale Caucasian, freckles, or Albino	Score 0 – 7
TYPE 2:	Very sun-sensitive, burn easily, tans minimally. Example: Fair-skinned Caucasian	8 – 16
TYPE 3:	Sun-sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasian, European mix	17 – 25
TYPE 4:	Minimally sun-sensitive, rarely burns, always tans to moderate brown. Example: Mediterranean, European, Asian, Hispanic, Native American	25 – 30
TYPE 5:	Sun-insensitive skin, rarely burns, tans well. Example: Hispanic, Afro-American, Middle Eastern	Over 30
TYPE 6:	un-insensitive never burns, deeply pigmented. Example: Afro-American, African, Middle Eastern	Over 30

Patient Signature

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Consent Form for Laser Services

I, _____ authorize East Hill Medical Group, Dr. Kevin M. Hogan, D.C. and/or Dr. R. Blake Sayre, M.D. and their designated Assistants 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 electively minimized by applying an anesthetic cream approximately one hour prior to each treatment. Some clients opt to take over-the-counter pain reliever medications prior to treatment.

CRUSTING:

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

PIGMENT CHANGES AND POSSIBLE SIDE EFFECTS:

Temporary color changes such as hyper-pigmentation, which is a brown discoloration, or hypo-pigmentation, which is a skin lightening, may occur. While these can take 3 to 6 months to resolve, they rarely lead to permanent scarring (less than 1%). Possible purpura – Temporary red/purple discoloration, bruising. possible itching – Temporary hive-like response which lasts 2-3 hours to 2 -3- days. One's Ph balance can change with menstruation, stress, illness and other factors directly impacting the laser's effect on the skin.

EYE PROTECTION:

Protective eyewear must be worn by everyone present during treatments.

PERSISTANCE OF HAIR:

Evaluation of Laser Hair Removal is on-going, but studies and clinical experiences suggest that multiple treatments produce long term hair loss. Although some clients respond better than others, most clients will experience progressive hair loss with each treatment.

FINANCIAL POLICY:

All sales are final. Due to the nature of Laser Hair Removal, results cannot be guaranteed. Clients understand this is a process and results vary from person to person. Refunds will not be granted. Clients agree that Laser Hair Removal is a process of multiple treatments and ample time must be given to see results. We require 24-hour notice for cancellations to avoid forfeiting the session.

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 an IPL/Laser and only after being out of the sunlight, tanning beds and or the use of tanning creams for a minimum of 2-4 weeks. 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 also agree to comply with the recommended aftercare guidelines, which are crucial for healing, prevention of scarring and hyper-pigmentation. I hereby release East Hill Medical Group, Dr. Kevin M. Hogan, D.C. and/or Dr. R. Blake Sayre, M.D. and their designated Assistants from any liability with the above.

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Patient Instructions for Laser Hair Removal

Pre-Treatment Instructions

- Avoid sun exposure to treatment areas 14-28 days before and after treatment.
- Avoid light and photosensitive medications, such as antibiotics, during or prior to treatment. You may resume treatment 14 days after your LAST dose. Certain medications require a 6-12 month wait. Always check with your doctor or pharmacist.
- You **MUST** avoid bleaching, plucking or waxing hair in the treatment area prior to treatment. Shaving is the only acceptable method of hair removal.
- If you have had a history of perioral herpes and we are treating that area, you may start your medication the day before your treatment and continue for 7 days after.
- Wear light colored undergarments if the treatment area is near your undergarments.
- On your treatment day, the area being treated must be shaved completely. Unshaven patients will be rescheduled and will forfeit the treatment.

Intra-Treatment Care

- The use of a topical anesthetic is optional for discomfort but rarely used. Client can apply lotion 1 hour prior to treatment. Epidermal melanocytes compete as the chromophore (target) for the lasers wavelength with melanin at the target site.
- Safety considerations are important during the laser procedure. Protective eyewear will be worn by everyone in the room.

Post Treatment Care

- Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site which may last 2 hours or longer. The redness may last for several days. This can appear or worsen with sun exposure, use of perfumed or fragranced lotions or other irritating substances. The treated area can feel like sunburn for a few hours after. The application of ice is rarely needed but can be used during the first few hours after treatment. Rarely, minor epidermal blistering can occur in which case triple antibiotic cream may be applied. If this should happen, call us immediately for further instruction.
- Makeup may be used immediately after unless there is epidermal blistering. It is recommended to use **NEW MAKEUP** to reduce the possibility of infection.
- Avoid sun exposure to the treatment area after treatment to reduce the chance of hyper pigmentation or darker pigmentation. Use sunscreen (SPF 30 or greater) at all times during the entire course of treatment. Sunblock application does not permit or allow for laser treatments. Sunblock only protects from the harmful UVA and UVB rays. Sunblock does NOT prevent active melanin from being absorbed into the skin. The laser seeks pigment, especially active pigment.
- Avoid picking, scratching and irritating the treated area. Do not use other hair removal methods. Shaving is fine. All other methods of hair removal will disturb the follicle and directly impact your results.
- **FALL OUT:** Anywhere from 1-21 days after treatment, shedding of the surface hair may occur and will appear as new growth or as if sprinkled with coarse black pepper. This is NOT new growth. You can clean and remove the hair by washing or wiping the area with a wet cloth, exfoliating or use a loofah sponge. Often times, allowing this FALL OUT to grow out for a few days will facilitate in the wiping, exfoliating or shaving of these dead, burnt hairs. FALL OUT can also appear as "mush" caught under the skin. Once your body has expelled the dead hair, you will experience smooth skin until true new growth is beginning to form. Please be sure to adhere to your treatment schedule. Each area has a different growth schedule, as does each individual person. New growth should not occur for at least 3 weeks after treatment.
- There are no bathing restrictions in the first 24 hours except to treat the skin gently, as if you had sunburn.
- After Underarm treatments, you may use powder instead of deodorant for the first 24 hours. This will help prevent further irritation.

Other Policies

- Cancellations and rescheduling of appointments require a 24-hour notice to avoid forfeiting a treatment. Missing an appointment will be considered a "No Show" and that treatment will be forfeited. Please call 850-437-0035 to reschedule your appointment.
- Our appointment program will send you an email when you schedule your appointment. Then a confirmation request e-mail will be set 48 hours prior to your treatment. At this time, please click the confirmation link then confirm your appointment on that page or call our office to confirm or reschedule your appointment. You may receive multiple e-mails for one appointment. This is for internal tracking purposes ONLY.
- Schedule your next appointment while at your current appointment. In order to achieve OPTIMAL results you must adhere to your treatment schedule
- Due to the lasers on the device only the patient is allowed in the room while treatment is being performed. Therefore, children that would need adult supervision should not be brought to the office during the scheduled treatment time.

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PATIENT COPY – Please Keep