

Oregon Laser & Wellness Center

4370 SE King Road Suite 105

Milwaukie, OR 97222

Phone: 971 263 7679 Web: www.oregonlasernwellness.com

Client Information and Consent—Waxing

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? m No m Yes Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? m No m Yes Are you using any other skin thinning products and/or drugs? m No m Yes Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? m No m Yes Do you use a tanning bed? m No m Yes Are you diabetic? m No m Yes Are you currently taking medications? If so, please list all (including over the counter drugs/herbal supplements):

What skin products do you regularly use on your skin?

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional

(Female clients) When is your next menstrual cycle due to begin? _____ (Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.) Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc. I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

(Please Turn Over)

I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.
Client

Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____

OREGON LASER & WELLNESS CENTER
 4370 SE KING ROAD SUITE 105
 MILWAUKIE, OR 97222
 PHONE: 503 305 7704 or 971 263 7679
 95883873200787

Date: _____

NEW CLIENT FORM

Name:			
Address:		City:	State: Zip:
Email:			
Home Phone:		Work Phone:	Cell:
Occupation:			
Date of Birth:		Age:	
FITZPATRICK CLASSIFICATION SYSTEM: Please select the skin type seems to best describe your skin			
SKIN TYPE	SKIN COLOR	CHARACTERISTICS	
<input type="radio"/> I	White	Always burns, never tans	
<input type="radio"/> II	White	Usually burns, tans less than average	
<input type="radio"/> III	White	Sometimes mild burns, tans about average	
<input type="radio"/> IV	Brown	Rarely burns, tans more than average	
<input type="radio"/> V	Brown	Rarely burns, tans profusely	
<input type="radio"/> VI	Brown	Never burns, deeply pigmented	
What is your ethnicity? (ie: Irish, Native American, etc) This is important for us to determine appropriate treatment setting:			
Do you use sunscreen products regularly?		YES NO	Do you go to a tanning salon? YES NO
Do you use self-tanning products? YES NO			
WOMEN ONLY			
Are you pregnant or lactating?		YES	NO
Are you trying to become pregnant?		YES	NO
Did you get hyperpigmentation or masking during pregnant?		YES	NO
Are you menopausal?		YES	NO
When was the date of your last menstrual period?		YES	NO
PLEASE ANSWER ALL QUESTIONS IN FULL SO WE CAN BETTER SERVE YOU			

(Please turn over)

Do you have any autoimmune or neurological disorders? (ie: Multiple Sclerosis, Guillain-Barre disease) YES NO if yes. Please explain

Past Medical History			
<input type="radio"/> Hepatitis	<input type="radio"/> HIV	<input type="radio"/> HPV/STD	<input type="radio"/> Impetigo
Any allergies to medications, skin allergies? Explain			
Have you had any other cosmetic surgeries or procedures? YES NO if yes, please explain			
SKIN CONCERNS			
<input type="radio"/> Fine Lines and Wrinkles	<input type="radio"/> Excess Underarm Sweating	<input type="radio"/> Large Pores	
<input type="radio"/> Crow's Feet	<input type="radio"/> Skincare	<input type="radio"/> Rosacea/Facial Redness	
<input type="radio"/> Excess Hair	<input type="radio"/> Age Spots/Freckles	<input type="radio"/> Leg Veins	
<input type="radio"/> Sagging Skin	<input type="radio"/> Acne	<input type="radio"/> Spider Veins	
<input type="radio"/> Laugh Lines/Fold Around Mouth	<input type="radio"/> Broken Capillaries	<input type="radio"/> Other:	
If you could change one thing about your skin, what would it be?			
Have you ever been to dermatologist? YES NO If yes, when and for what purpose?			
Have you or any member of your family had skin cancer? YES NO If yes, who?			
Do you take herbs? YES NO If yes, please list.			
Have you ever had laser procedures? YES NO If yes, when was your last one?			
Have you ever had an Acid Peel? YES NO If yes, when was your last one?			
Have you ever had Botox or other Fillers? YES NO If yes, when was your last one			
Please Identify the names of the products you currently use:			
Cleanser:		Moisturizer:	
Exfoliate:		Sunscreen:	
Tone:		Eye Cream:	
Night Cream:			
How often do you experience breakouts? FREQUENTLY OCCASIONALLY RARELY			

(Please turn over)

What skin type do you feel you have, oily, aging, dry, combination, sensitive, rosacea? _____

What are your skincare goals today? _____

If I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. I further understand that esthetics should not be considered as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that licensed estheticians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing that is said in the course of the session given should be construed as such. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Doctor Deanna K. Olson, Oregon Laser & Wellness Center and the Esthetician updated as to any changes in my medical profile and understand that there shall be no liability on Doctor Deanna K. Olson, Oregon Laser & Wellness Center and the esthetician's part should I fail to do so.

Esthetician Signature: _____ Date: _____

Client Signature: _____ Date: _____

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Post-treatment/Home Care—Waxing

To ensure maximum comfort and benefit after the treatment, it is important to follow the steps below at home: •
Avoid applying heat to the waxed area for 12 to 24 hours.

This includes hot baths, sauna, and steam. • Use an anti-acne lotion for face, back and chest following the treatment and twice a day until breakouts are gone. Use only an anti-acne product recommended by your skin care professional.

- Avoid sun tanning for 12 to 24 hours. This includes any strong ultraviolet (UV) light exposure or tanning bed treatments.
- Avoid applying highly fragranced products to the waxed area. This includes, perfume, scented body lotions, anti-perspirants, cosmetics, or feminine hygiene sprays. Only use professional products, recommended to you by the skin care therapist who performed the waxing service
- Avoid using harsh abrasive or exfoliates in the waxed area. However if you are prone to ingrown hairs, the day after your waxing treatment, exfoliate newly waxed area with a loofah to avoid future problems.
- Avoid applying high SPF sunblocks to the waxed area for 12-24 hours after the waxing service. Sunscreen chemicals can be irritating to the newly waxed skin. This includes self-tanning products and tan accelerators.
- Any pinking of the skin should disappear within 6 to 8 hours after the waxing treatment. Slight pinking is normal, and indicates that the hair was removed from the root, rather than superficially broken off, as in shaving. This is the reason that professional waxing lasts so much longer.

For best results, repeat your professional waxing every 4 to 6 weeks depending on the area and your individual hair growth rate. If you have any questions about your waxing service or after care at home, please do not hesitate to call your skin care therapist. 971 263 7679