

# MEDICAL HISTORY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Which body area/areas or condition would you like treated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Please answer all of the following questions

YES NO

1. Do you have **ANY** current or chronic medical illnesses?  YES  NO

*Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, or any other condition or illness.*

Please List: \_\_\_\_\_

2. Do you have **ANY** current or chronic skin conditions?  YES  NO

*Also disclose any history of vitiligo, eczema, melasma, psoriasis, allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer, or any other skin condition.*

Please List: \_\_\_\_\_

3. Are you currently under a doctor's care? If so, for what reason?  YES  NO

\_\_\_\_\_

4. Do you take/use **ANY** medications (prescriptions and nonprescriptions), vitamins, herbal or natural supplements, on a regular or daily basis?  YES  NO

Please List: \_\_\_\_\_

5. Have you ever had Gold Therapy Treatment (chrysotherapy, aurotherapy, Gold sodium thiomalate (GST))?  YES  NO

6. Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis?

Please List: \_\_\_\_\_

**MEDICAL HISTORY, CONTINUED**

- |     |   | YES                      | NO                       |
|-----|---|--------------------------|--------------------------|
| 7.  | Do you take/use ANY systemic/oral steroids (e.g., prednisone, dexamethasone)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Do you have <b>ANY</b> allergies to medications, foods, latex or other substances?<br>Please List: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | (For women) are you or could you be pregnant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | (For women) are menstrual periods regular, or have you ever been diagnosed with Polycystic Ovarian Disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Do you have a history of herpes I or II in the area to be treated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Do you have a history of keloid scarring or hypertrophic scar formation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Do you have a history of light induced seizures?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Do you have any open sores or lesions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Do you have any history of radiation therapy in the area to be treated?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | In the last six (6) months, have you used any of the following:<br>anticoagulants or blood-thinning medications; photosensitizing medications;<br>or anti-inflammatory or blood thinning medications?<br>Please List product name and date last used: _____<br>_____    | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | In the last three (3) months, have you used any of the following products:<br>glycolic acid or other alphas hydroxy or beta hydroxy acid products;<br>exfoliating or resurfacing products or treatments?<br>Please List product name and date last used: _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Do you have or have you ever had any permanent make-up, tattoos, implants,<br>or fillers, including, but not limited to, collagen, autologous fat, Restylane®, etc.?<br>If yes, please list locations on or in the body and dates: _____<br>_____                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Do you have or have you ever had any Botulinums, such as Botox® or Dysport®?<br>If yes, please list locations on or in the body and dates: _____<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Have you taken Accutane® (or products containing isotretinoin) in the last 12 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Have you taken Tretinoin (like Retin-A®, Renova®) in the last 6 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Have you had any unprotected sun exposure, used tanning creams (including sunless tanning lotions) or tanning beds or lamps in the last 4-6 weeks?  | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR LASER/LIGHT BASED TREATMENT

I authorize \_\_\_\_\_ to perform laser/pulsed light cosmetic skin treatments on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), wrinkles, (rhytides), furrows, fine lines, textural irregularities, non-ablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Cynosure Icon™ Aesthetic System is a pulsed-light and laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. Anesthesia or sedation (calming medication) may be advisable for laser skin resurfacing treatments. If the practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment, all options and risks associated with the anesthetic will be discussed with me.
- The treated area may be red and swollen for two to twenty-four (2–24) hours or longer. Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure.
- I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment. There also is a chance of additional side effects like blanching and significant redness.
- With ablative laser treatments, there are additional risks of discomfort, focal areas of bleeding, bruising, poor healing, serous discharge, and infections. Serious but rare complications may include scarring, abscess, skin necrosis (dead skin), and injury to other internal structures including nerves, blood vessels, or muscles.
- An occlusive ointment may be used to cover the treated skin and keep it moist to avoid the skin drying out and being crusty or desquamated. Occlusion may exacerbate acne breakouts under the ointment.
- There is no guarantee that the expected or anticipated results will be achieved.

**CONSENT FOR LASER/LIGHT-BASED TREATMENT, CONTINUED**

- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.
- I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

Before and after-treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

**I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.**

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

## VASCULAR LESION POST-TREATMENT INSTRUCTIONS

- A mild sunburn-like sensation is expected. This usually lasts two to twenty-four (2-24) hours but can persist up to seventy-two (72) hours. Mild swelling and/or redness may accompany this, but it usually resolves in two to three (2-3) days. Apply wrapped ice or gel packs to the treatment area for ten to fifteen (10-15) minutes every hour for the next four hours, as needed. Never apply ice directly to skin. An oral, over-the-counter anti-inflammatory (ibuprofen such as Advil®) or an analgesic (acetaminophen such as Tylenol®) may be taken to reduce discomfort. Use medicine according to manufacturer's recommendations.
- The vessels may undergo immediate graying or blanching, or they may exhibit a slight purple or red color change. The vessels will fully or partially fade in about ten to fourteen (10-14) days.
- Until redness has resolved, it is recommended to **AVOID THE FOLLOWING:**
  - Applying cosmetics to treated areas.
  - Swimming, especially in pools with chemicals.
  - Hot tubs and Jacuzzis.
  - Activities that cause excessive perspiration.
  - Sun exposure to treated areas. Apply an SPF 45 or greater sunscreen to prevent skin color changes.
  - Aggressive scrubbing and use of exfoliants on the treated area.
  - No exercising for 24-48 hours post-treatment.
- Bathe or shower as usual. Treated areas may be temperature-sensitive.
- Schedule a follow-up appointment for evaluation. Repeat treatments may be performed every seven to fourteen (7-14) days if skin has fully recovered. One to four (1-4) treatments may be necessary seven to fourteen (7-14) days apart.
- Do not to pick, remove, or pull at any darkened lesions as scarring may occur.

## PIGMENTED LESION POST-TREATMENT INSTRUCTIONS

The mechanism of pulsed-light pigmented lesion removal is based upon selective destruction of melanocytes and melanosome-containing epidermal keratinocytes. Their destruction is associated with some crusting and epidermal damage, which typically resolves within a one to four (1-4) week period.

- A mild sunburn-like sensation is expected. This usually lasts two to twenty-four (2-24) hours but can persist up to seventy-two (72) hours. Mild swelling and/or redness may accompany this, but it usually resolves in two to three (2-3) days. Apply wrapped ice or gel packs to the treatment area for ten to fifteen (10-15) minutes every hour for the next four hours, as needed. Never apply ice directly to skin. An oral, over-the-counter anti-inflammatory (ibuprofen such as Advil®) or an analgesic (acetaminophen such as Tylenol®) may be taken to reduce discomfort. Use medicine according to manufacturer's recommendations.
  - Until redness has resolved, it is recommended to **AVOID THE FOLLOWING:**
    - Applying cosmetics to treated areas.
    - Swimming, especially in pools with chemicals, such as chlorine.
    - Hot tubs, Jacuzzis, and saunas.
    - Activities that cause excessive perspiration or any activity that may raise core body temperature.
    - Sun exposure and tanning in treated areas. Apply a SPF 45 or greater sunscreen to prevent skin color changes.
    - Aggressive scrubbing and use of exfoliants on the treated area.
  - Bathe or shower as usual. Treated areas may be temperature-sensitive.
  - The lesion may initially look raised and/or darker with a reddened perimeter.
  - The lesion will gradually turn darker over the next twenty-four to forty-eight (24-48) hours. It may turn dark brown or even black.
  - The lesion will progress to darkening and/or crusting and will start flaking off in an average of seven to twenty-one (7-21) days.
  - The lesion is usually healed in twenty-one to thirty (21-30) days. It will continue to fade over the next six to eight (6-8) weeks.
- Do not to pick or pull at darkened lesions, as scarring may occur.

## HAIR REMOVAL POST TREATMENT INSTRUCTIONS

- A mild sunburn-like sensation is expected. This usually lasts two to twenty-four (2-24) hours but can persist up to seventy-two (72) hours. Mild swelling and redness may accompany this, but it usually resolves in two to three (2-3) days.
- Apply cooling to the treatment area for ten to fifteen (10-15) minutes every hour for the next four hours, as needed. An oral, over-the-counter anti-inflammatory (ibuprofen such as Advil®) or an analgesic (acetaminophen such as Tylenol®) may be taken to reduce discomfort. Use such medicine according to manufacturer's recommendations.
- Until redness has resolved, it is recommended to **AVOID THE FOLLOWING:**
  - Applying cosmetics to treated areas.
  - Swimming, especially in pools with chemicals.
  - Hot tubs, Jacuzzis, saunas.
  - Activities that cause excessive perspiration, or any activity that may raise core body temperature.
  - Sun exposure or tanning to treated areas. Apply a SPF 45 or greater sunscreen to prevent skin color changes.
  - Aggressive scrubbing and use of exfoliants on the treated area.
- Bathe or shower as usual. Treated areas may be temperature-sensitive.
- Appearance of hair growth or stubble will continue for seven to thirty (7-30) days post-treatment. This is not new hair growth, but treated hairs being expelled from the skin.
- Hairs that were in the resting phase (telogen) at the time of treatment may enter the active growing phase (anagen) in one to six (1-6) months, depending on the body area. Follow-up treatment may be needed.
- If any darkened lesions occur, advise persons being treated not to pick or pull at darkened lesions as scarring may occur.

## LEG VEIN POST-TREATMENT INSTRUCTIONS

- Cool the skin post-treatment. Use the Cynosure Cool Roller™ or cold gel packs with pressure immediately post-treatment. Pressure may help keep the vessel collapsed.
- If crusting occurs, an antibiotic ointment or moisturizing lotion may be recommended.
- Steroid creams may be used after treatment but are not always necessary.
- Mild swelling, bruising and redness typically resolve in one (1) month. Apply ice or gel packs to the treatment area for 10-15 minutes every hour for the next four (4) hours, as needed. An oral, non-steroidal anti-inflammatory medication, such as Advil® or Motrin® may be taken to reduce discomfort. Use medicine according to its manufacturer's recommendations.
- Until redness has resolved, it is recommended to **AVOID THE FOLLOWING:**
  - Applying cosmetics to treated areas.
  - Swimming, especially in pools with chemicals.
  - Hot tubs, Jacuzzis and saunas.
  - Activities that cause excessive perspiration.
  - Aggressive scrubbing and use of exfoliants on the treated area.
- Apply a SPF 45 or greater sunscreen to prevent skin color changes.
- When sitting or laying down, elevate the leg within the first twenty-four (24) hours following treatment.
- After leg vein treatment, those treated may wear compression stockings (18-40 mm Hg pressure) during the day for three (3) days following treatment. Compression stockings will help to yield the best results out of a single treatment. Use for five to seven (5-7) days after treatment for blue reticular vessels or venous matting.
- Walking will speed the healing process.
- Clients should avoid anticoagulants for one (1) week after treatment.
- No hot baths, hot showers, or vigorous exercise for two (2) weeks.
- Manual relief of any clots may be necessary. A qualified person should consider using an 18 gauge needle to relieve clots.
- Bruising may be observed with reticular vessels, but does not usually occur with telangiectasia.
- Follow-up treatments should be eight to twelve (8-12) weeks apart. At two to three (2-3) weeks, vessels may appear to return to baseline but usually will resolve over the next six to eight (6-8) weeks.



## 1540 NON-ABLATIVE LASER POST-TREATMENT INSTRUCTIONS

- Application of cool gel packs and appropriate topical creams immediately following treatment can help alleviate post treatment itchiness and stinging that may occur.
- Edema, and sometimes blanching, is expected immediately post-treatment and generally resolves within 24-48 hours. It may last up to 3-5 days in some clients.
- Those being treated may experience significant redness, broken capillaries and bronzing in the treatment area for approximately 1-3 days after treatment. This may persist in a mild form for several weeks particularly in areas other than the face.
- Following a more aggressive treatment, it may be helpful to use some occlusive ointment on the skin after treatment during the healing process to help minimize trans-epidermal water loss which may result in significant desquamation or crusting.
- To help remove debris and bronzing of skin that can appear 1 to 4 days after treatment, soak treated areas for 5 – 15 minutes with gauze or wash cloth wet with water, then gently remove debris. Do not pick at or scrub the treated areas.
- Gentle cleansing and use of non-irritating cosmetics are permitted after treatment. It is suggested that retinoids be discontinued 1-2 weeks prior to the initial treatment and throughout the course of treatment. The use of retinoids during the treatment course may result in undesirable side effects and prolonged healing.
- Those prone to acne outbreaks should avoid heavy make-up or moisturizers for 24 hours post treatment.
- As healing occurs, clients should avoid injury and sun exposure for at least two weeks following treatments. It is highly recommended that clients use a sunscreen with SPF 45 or higher containing UVA/UVB protection between treatments, along with a sun blocker such as zinc oxide or titanium dioxide.
- Those being treated should continue to use SPF 45 or higher up to 6 months following final treatment whenever they are outside.
- Once the treatment area has healed, some itching or dryness may occur. This will gradually clear. The use of non-irritating moisturizers may provide some relief.
- Advise the person being treated to contact the treatment provider if there are any issues or concerns following the treatment.
- **NOTE:** After treating striae (stretch marks) with the 1540 Laser Handpiece, it is recommended to avoid tight-fitting clothes around the treated areas for three (3) months after the last laser treatment.