

SKIN CARE INTAKE (SCI)

Patient Name (Print)

Today's Date

Street:

Date of Birth

Apt #

Home Phone

City, State

Zip Code

Cell Phone

E-Mail

How did you hear about Boston Cosmetic Specialists?

- Walked by Twitter Groupon Magazine Ad – Which? _____
- Website E-mail Blast Facebook Referred by Friend – Who? _____
- Internet Word of Mouth Seminar or Event – Which? _____
- Other _____

Do you have any of the following?

- | | |
|--|--|
| Yes / No High Blood Pressure? | Yes / No Do you use tanning beds? |
| Yes / No Diabetes? | Yes / No Do you have a spray tan? |
| Yes / No Acne? | Yes / No Do you use tobacco products? |
| Yes / No Skin Disease? | Yes / No Do you use Retin A? |
| Yes / No Cold Sores? | Yes / No Do you use Hydroquinone? |
| Yes / No Rosacea? | Yes / No Do you use Accutane? |
| Yes / No Depression or Anxiety? | Yes / No Are you on hormone therapy? |
| Yes / No Are you pregnant or nursing? | Yes / No Do you wear contact lenses? |
| Yes / No Do you exercise? Indoors or Outdoors? | Yes / No Do you wear sunscreen? |
| Yes / No Hepatitis or blood clotting disorders? | Yes / No Auto immune disorders? |

When you go out into the sun, do you burn? Usually Sometimes Rarely Never

Do you consider your skin to be: Normal Dry/Dehydrated Oily Acne Prone

Have you been under the care of a Dermatologist or Plastic Surgeon? _____

What skin line are you currently using? _____

What make-up brand are you using? _____

Please list all your allergies: _____

Please list all your medications: _____

What are you trying to achieve with the overall look and feel of your skin?

What improvements would you most like to see in your skin over the next 30 days?

- | | | |
|---|--|---|
| <input type="checkbox"/> Reduction of fine lines | <input type="checkbox"/> Reduction of oil/acne | <input type="checkbox"/> Reduction of redness |
| <input type="checkbox"/> Softening of deep wrinkles | <input type="checkbox"/> Reduction of acne scars | <input type="checkbox"/> Reduction of brown spots |
| <input type="checkbox"/> Reduction of pore size | <input type="checkbox"/> Reduction of sun damage | <input type="checkbox"/> Improvement in skin tone |

Signature

To maintain the effects of today's service your Boston Cosmetic Specialists recommend:



Name: _____

Date: _____

SKIN TYPE ASSESSMENT

0 1 2 3 4

light: blue, gray green	dark: blue, gray green	blue	brown	brown black		<i>Eye Color</i>
sandy red	blond	dark blond, chestnut	dark brown	black		<i>Natural Hair Color</i>
red/pink	pale white	pale beige	light brown	dark brown		<i>Color of Non-exposed Skin</i>
many	several	few	rare	none		<i>Freckles on Non-exposed skin</i>
pain red blisters peel	usually burn some peel	sometimes burn	rarely burn	never burn		<i>Reaction to too long in the sun</i>
hardly	sometimes light tan	reasonable tan	tan easily	dark brown quickly		<i>Degree of tanning</i>
never	seldom	sometimes	often	always		<i>Deeper tan after few hours in the sun</i>
very sensitive	sensitive	normal	very resistant	never a problem		<i>Reaction of face to sun</i>

**TOTAL
POINTS
SKIN TYPE**

Points:	0 - 6	7 - 13	14 - 19	20 - 24	25 - 29	30+
Skin Type:	1	2	3	4	5	6

LHR – CONSENT and SAFETY LOG

Name: _____

Date: _____

I understand that the goal of Laser Hair Reduction (LHR) is to reduce the amount of hair growth and to cause future growth to be finer, lighter and less noticeable and that no hair reduction process promises complete and permanent hair removal. I understand that the number of treatments needed may vary depending upon many conditions like skin and hair coloration, tan and the amount of time between treatments. I understand that no guarantees have been offered as to the final results or the number of treatments needed to achieve a satisfactory result.

I understand that bleaching, waxing, or tweezing interferes with the effectiveness of Laser Hair Removal. I understand that tanning within three weeks of a LHR Procedure can result in skin burns and pigmentation changes and I agree not to hold Boston Cosmetic Specialists liable for any damage I might suffer as a result of failure to notify them of any such tanning activity.

I understand that there may be some smoke and odor and that I may experience a sensation of heat or burning. I agree to alert my Laser Hair Reduction specialist immediately if I experience pain or discomfort during the procedure. I understand that I may stop the procedure at any time. I agree to follow my pre and post treatment care plans as instructed and I understand that if I fail to follow these instructions that I may suffer from injury or undesirable results. I agree not to hold Boston Cosmetic Specialists responsible for such injury or results.

Signature _____
Date

***** **BELOW - OFFICE USE ONLY** *****

Areas Treated and Joules:

- ____ ↑ Lip
- ____ Chin
- ____ ↓ Face
- ____ Brows
- ____ Full Face
- ____ Sideburns
- ____ Neck Front
- ____ Neck Back
- ____ Underarms
- ____ Abdomen

- Medication changes _____
- ____ Hands
 - ____ Feet
 - ____ ↑ Arms
 - ____ ↓ Arms
 - ____ Back
 - ____ Shoulders
 - ____ ↑ Legs
 - ____ ↓ Legs
 - ____ Other: _____
 - ____ Bikini
 - ____ Bikini +

Skin Type:

		<u>Start</u>	<u>Tolerated</u>	<u>Duration(ms)</u>
<input type="checkbox"/> I	Light white/always burns/never tans	34	15-50	30 – high density
<input type="checkbox"/> II	Light white/always burns/sometimes tans	30	15-50	30 – high density
<input type="checkbox"/> III	Med white/sometimes burns/always tans	25	10-40	30 – coarse or high
<input type="checkbox"/> V	Dark olive + Asian/rarely burns/always tans	18-21	10-34	30 – fine/100 coarse
<input type="checkbox"/> V	Light brown	12-15	10-30	100
<input type="checkbox"/> VI	Med to dark brown/African-American	10-12	10-25	100

Therapist: _____ Treatment # _____ of _____

Comments: _____

Laser Hair Removal Fact Sheet

Please arrive on time for your appointments, being late will require for your appt. to be rescheduled. We serve 35 laser clients a day. It is essential for you to be on time.

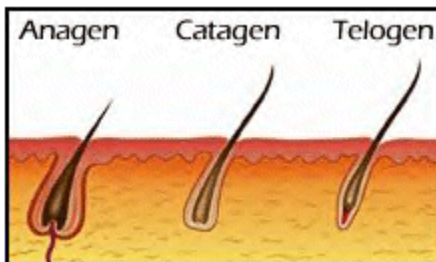
At Boaton Cosmetic Specialists we use the Cynosure's Elite MPX (755nm & 1064nm) which is considered the "Gold Standard" for laser hair reduction. This laser can be used on ALL skin types, Fitzpatrick 1-6. This type of laser is attracted to the pigment (melanin) in the hair root. This laser has an integrated cooler for comfort.

As per the FDA, we cannot claim, advertise, or guarantee that laser hair removal is permanent or that it will get rid of 100 % of your hair. Laser hair removal rather, is considered as laser hair reduction. The reason behind this statement is that hormone fluctuations or imbalances can cause the re growth of unwanted hair. It is normal to have a few treatments and not notice much change in the reduction of hair. This is due to your own variable hair growth cycles. Olive skins and darker skins require lower laser energy settings in order to safely remove the hair and to not burn the skin. Darker skin types can typically require more treatments of hair reduction.

IT IS VERY IMPORTANT TO STAY OUT OF THE SUN, TO NOT USE SPRAY TANS AND TO STAY OUT OF TANNING BEDS DURING THE ENTIRE COURSE OF YOUR LASER HAIR REDUCTION TREATMENTS. PLEASE NOTIFY YOUR LASER TECH OF ANY CHANGES IN MEDICATIONS.

Typically 6 sessions may be all that is required for your laser hair removal. However, there are exceptions to this rule. Sometimes people require more sessions, which is normal.

Sometimes after treatment it is normal for the treated area to look like there are intermittent spots that seem to look like they have been skipped over. The laser tech has not skipped over these areas. The hair is not growing all at the same time. The stage of hair growth, called anagen, is most susceptible to the laser energy and absorbs the energy more because it contains more pigment than the other surrounding hair, thus giving the impression of skipped spots.



It is completely normal after your treatment to have redness, welts, pain, swelling, scabbing/crusting. These symptoms DO NOT indicate laser burns. The hair follicles absorbed the laser energy and are being destroyed. A benign condition called Folliculitis may or may not happen after treatment. This may be treated with Neosporin and will heal within a week to 10 days. You may or may not get hyperpigmentation. THIS IS NOT A LASER BURN!! Hyper pigmentation is your skins' pigment cells protective response to the laser energy. This will resolve over time and is not a permanent condition.

If the treated area blisters (tiny fluid filled sacs appear) please call us immediately at 727-726-6100, so that our Doctor can treat you at no charge to you. Do not take a hot shower or hot bath after treatment. Do not workout or perform physical labor after treatment. It is important to keep COOL!

Laser Hair Reduction

Pre and Post Treatment Instructions

BEFORE your Laser Hair Reduction Treatment

- **No sun exposure, tanning booths, and no use of any tanning products including spray tans for at least 4 weeks before treatment. This rule applies for all 6 treatments with us! This is essential in order to prevent burns!**
- **Also, do not wax, tweeze, use depilatories, have electrolysis treatments, or pluck the hair being treated for 4 weeks prior to your treatment.** No exfoliation, scrubs or chemical peels for three days before and at least two weeks after treatment.
- Avoid Retin-A, Retinol, Renova, Differin, Tretinoin, Metrogel, Tazorac, Avage, Hydroquinone, Tetracycline, Minocin or any antibiotics for at least three days prior to treatment and for at least two weeks afterward.
- If you have a history of cold sores or fever blisters (oral herpes simplex) or shingles (herpes zoster) near the treatment area, we recommend that you take antiviral medication on the day before, the day of and the day after treatment. Please let us know if you need a prescription for this medication.

AFTER your Laser Hair Reduction Treatment

Do not go home and take a hot shower, bath, or soak in a hot tub immediately after your treatment today!!! USE COOL WATER ONLY! DO NOT GO WORKOUT OR PERFORM STRENOUS WORK! REMEMBER TO KEEP YOURSELF COOL! DO NOT EXERCISE FOR 3 DAYS AFTER YOUR TREATMENT!

- **Do not use loofas or washcloths.**
- **You may have some mild swelling, WELTS, redness or tenderness. These effects are normal and CAN LAST ANYWHERE FROM eight hours or 3-4 DAYS. You may apply a cold compress or ice wrapped in a soft cloth.**
- **You may apply aloe vera as a soothing moisturizer.**
- **THE TREATED AREAS ARE SENSITIVE to heat and sunlight! No sun exposure and use sunscreen. Our Laser Technician can help you choose a quality sunscreen.**
- **Do not wax, bleach, tweeze, use depilatories or have electrolysis done in between laser treatments.**
- **Some patients may experience crusting that may last up to two weeks. THIS IS NORMAL! Do not pick at the crusts. Apply an anti bacterial ointment like Neosporin twice daily and let the crusts fall off naturally.**