

# Blue Spruce Cosmetic & Spa Clinic

## CONSULTATION FORM FOR THE LIGHT BASED PROCEDURES

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Treatment Area: \_\_\_\_\_ Fitz. Skin Type: I II III IV V VI

Past Medical History: \_\_\_\_\_

Pregnant \_\_\_\_ Yes \_\_\_\_ No

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

History:	Yes	No	N/A	Date
Recent Sun Exposure	X	X	X	_____
_____				
Previous Laser Treatments	X	X	X	_____
Hair Removal				
Waxing, Plucking, Electrolysis	X	X	X	_____
Accutane, last 6 months	X	X	X	_____
Gold Therapy	X	X	X	_____
Coagulopathies	X	X	X	_____
Herpes/Cold Sores	X	X	X	_____
_____				
Vitiligo	X	X	X	_____
History Melanoma	X	X	X	_____
_____				
Keloids/Hypertrophic Scarring	X	X	X	_____
Tattoos/Permanent Make-up	X	X	X	_____
Fillers, Botox etc.	X	X	X	_____
Pacemaker/Defibrillator	X	X	X	_____
Implants/Surgeries in treatment area	X	X	X	_____
Decreased sensation/Numbness in treatment area				

### Initial:

- \_\_\_\_\_ Benefits of procedure discussed
- \_\_\_\_\_ Contraindications reviewed
- \_\_\_\_\_ Risks reviewed
- \_\_\_\_\_ Probability of success reviewed
- \_\_\_\_\_ Alternative procedures available
- \_\_\_\_\_ Consent signed
- \_\_\_\_\_ Verbal and written post-treatment instructions given to patient
- \_\_\_\_\_ Pre-op photos taken
- Appointment scheduled: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Comments:

Signature of Consultant: \_\_\_\_\_