Laser Hair Removal Consent

Informed consent for laser and IPL hair removal with skin type, sun exposure, and medication screening

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Treatment areas *

- [ ] Face / Upper lip / Chin
- [ ] Underarms
- [ ] Arms
- [ ] Bikini / Brazilian
- [ ] Legs
- [ ] Back / Chest
- [ ] Other

How does your skin respond to sun? *

- [ ] Always burns, never tans (I)
- [ ] Usually burns, tans minimally (II)
- [ ] Sometimes burns, tans gradually (III)
- [ ] Rarely burns, tans easily (IV)
- [ ] Very rarely burns, tans very easily (V)
- [ ] Never burns, deeply pigmented (VI)

Have you had sun exposure, a tanning bed, or self-tanner on the area in the last 2–4 weeks? *

- [ ] Yes
- [ ] No

Have you waxed, plucked, threaded, or used depilatory cream on the area in the last 4 weeks? *

- [ ] Yes
- [ ] No

Have you had laser or IPL hair removal before? *

- [ ] Yes
- [ ] No

If yes, any adverse reaction?

Medical History

Are you pregnant, trying to conceive, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- [ ] Autoimmune condition (lupus, RA, MS, etc.)
- [ ] Bleeding disorder or on blood thinners
- [ ] Diabetes
- [ ] History of keloid or hypertrophic scarring
- [ ] Cancer (current or within the last 5 years)
- [ ] Immunosuppressed / immune disorder
- [ ] None of the above

Have you taken isotretinoin (Accutane) in the last 6 months? *

- [ ] Yes
- [ ] No

Are you taking any photosensitizing medication (some antibiotics, retinoids, St John's Wort)? *

- [ ] Yes
- [ ] No

Do you get cold sores or herpes outbreaks in the treatment area? *

- [ ] Yes
- [ ] No

Do you have a tattoo or permanent makeup in the treatment area? *

- [ ] Yes
- [ ] No

Do you have PCOS, a hormonal condition, or take hormone therapy? *

- [ ] Yes
- [ ] No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Risks & Complications

Potential Risks and Complications:

- Redness, swelling, and a sunburn-like feeling for a few hours to days
- Blistering or crusting (uncommon)
- Hyperpigmentation or hypopigmentation — darker or lighter patches, usually temporary but occasionally lasting, more likely with a tan or darker skin types
- Paradoxical hair growth — new fine hair near the treated area, especially on the face and neck
- Scarring (rare)
- Eye injury if protective eyewear is not worn

Laser hair removal reduces hair; it is not permanent removal. A course of 6–8 sessions, 4–8 weeks apart, plus maintenance is typical. Avoid sun exposure and use SPF 30+ on treated areas for 2 weeks before and after each session.

I understand that results vary with hair color, skin type, and hormones, that gray, white, red, or very fine hair responds poorly, and that multiple sessions and maintenance are required.

I understand hair reduction is not permanent removal: _____

I understand that tanned or sun-exposed skin greatly increases the risk of burns and pigment changes and I agree to avoid sun exposure and self-tanner before and after treatment.

I will follow sun protection instructions: _____

Service Log

For office use only

	Date	Area	Device / Fluence / Spot	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to laser or IPL hair removal treatment. I have been informed of the benefits, risks, alternatives, and potential complications, including the possibility of burns and pigment changes. I understand this is an elective cosmetic procedure and no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature _____ Date _____

Print name _____

Date *

MM / DD / YYYY _____