Laser Treatment Consent

Informed consent for laser hair removal, IPL, and laser skin resurfacing treatments

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Type of Laser Treatment *

- [ ] Laser Hair Removal
- [ ] Laser Skin Resurfacing (Fractional CO2, Erbium)
- [ ] Vascular Laser (Spider Veins, Redness)
- [ ] IPL Photofacial
- [ ] Laser Tattoo Removal
- [ ] Pigment Laser (Sun Spots, Melasma)

Treatment Areas *

- [ ] Face
- [ ] Neck
- [ ] Chest
- [ ] Arms
- [ ] Underarms
- [ ] Back
- [ ] Abdomen
- [ ] Bikini Area
- [ ] Full Legs
- [ ] Lower Legs
- [ ] Hands

Session Number

Health Screening

Are you currently pregnant or nursing? *

- [ ] Yes
- [ ] No

Have you had sun exposure, self-tanner, or tanning beds in the past 2-4 weeks? *

- [ ] Yes
- [ ] No

Are you taking any photosensitizing medications (antibiotics, retinoids, Accutane)? *

- [ ] Yes
- [ ] No

Do you have any active skin infections, open wounds, or cold sores in the treatment area? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- ☐ Vitiligo
- ☐ Melasma
- ☐ History of keloid scarring
- ☐ Light-triggered seizure disorder
- ☐ Pacemaker or implanted device
- ☐ None of the above

Fitzpatrick Skin Type *

- ☐ Type I — Always burns, never tans
- ☐ Type II — Usually burns, tans minimally
- ☐ Type III — Sometimes burns, tans uniformly
- ☐ Type IV — Burns minimally, tans easily
- ☐ Type V — Rarely burns, tans darkly
- ☐ Type VI — Never burns, deeply pigmented

Risks & Aftercare

Potential Risks:
- Redness, swelling, and warmth (common, resolves in hours to days)
- Blistering or crusting (uncommon)
- Hyperpigmentation or hypopigmentation (more likely in darker skin tones)
- Burns or scarring (rare)
- Paradoxical hair growth (rare with hair removal)
- Eye injury if protective eyewear is not worn
- Reactivation of herpes simplex (cold sores)

Aftercare:
- Apply cool compresses and aloe vera as needed
- Avoid sun exposure and apply SPF 30+ daily for at least 4 weeks
- Do not pick or scratch treated skin
- Avoid hot showers, saunas, and exercise for 24-48 hours
- Do not wax, tweeze, or use depilatory creams between sessions (shaving is OK)

I have been informed of the potential risks of laser treatment and agree to follow all aftercare instructions.

I understand the risks and aftercare requirements: _____

Service Log

For office use only

	Date	Area	Wavelength	Fluence / Settings
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I consent to the laser treatment described above. I have been informed of the risks, benefits, and alternatives. I have disclosed all relevant health information and agree to follow aftercare instructions. I release the provider from liability.

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

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