CLIENT CARD

Surname: Given Name(s):

Address:

Postcode:

D.O.B: Gender:

Mobile: Email:

Please indicate if you have had any previous:

- ☐ Laser/IPL Treatment
- ☐ Cosmetic injection treatments e.g. Botox, dermal fillers
- ☐ Chemical Peels

If yes, details:

Please indicate your areas of interest:

- ☐ Laser hair removal
- ☐ Botox
- ☐ Dermal fillers
- ☐ Lines and wrinkles
- ☐ Skin volume loss
- ☐ Lip enhancement
- ☐ Fractional laser
- ☐ Sun damage
- ☐ Freckles
- ☐ Skin discolouration
- ☐ Age spots
- ☐ Active acne
- ☐ Acne scarring
- ☐ Spider veins
- ☐ Red skin
- ☐ Stretch marks
- ☐ Blackheads
- ☐ Skin exfoliation

How did you hear about us?

- ☐ Clinic signage
- ☐ Social media
- ☐ TV ad
- ☐ Flyer
- ☐ Radio ad
- ☐ Search engine (eg Google)
- ☐ Word of mouth (family or friend etc)
- ☐ SMS
- ☐ Email
- ☐ Print Media — eg. newspaper/magazine Which publication?
- ☐ Outdoor Media — eg. bus shelter/train station Which form of outdoor media and where?
- ☐ Shopping Centre marketing — How? Eg. poster, newsletter etc
- ☐ Event — Which event?
- ☐ Third party company — Which third party company?
- ☐ Voucher — Which voucher?

To determine your skin type, please tick one of the following:

Colour / Tone	Sun Reaction	Skin Type	Tick
Fairest	Always burns, never tans	I	
Fair	Always turns pink Often Burns, minimal rare tan	I - II	
Light	Sometimes burns, often turns pink Minimal Tan	II -III	
Light - Light/Medium (Causcasian)	Sometimes burns, slowly tans to light brown	III	
Light (Mediterannean/ Middle Eastern/ Asian)	Rarely burns, can turn pink, Usually tans to moderate brown	IV	
Medium	Rarely burns, always tans	IV	
Olive	Rarely burns, always tans	IV	
Darker tone	Never burns, tans profusely, moderately pigmented	V	
Very dark	Never burns, deeply pigmented	VI	

Ethic Background: _____

☐ I do not want to hear about Laser Clinics Canada's latest promotions

Please complete consent form on reverse

laserclinics CANADA

CONSENT FORM

I have had a consultation in which I have been advised of the benefits and potential side effects of laser and skin treatments and I consent to receiving treatment.

I UNDERSTAND THAT IN RELATION TO LASER HAIR REMOVAL:

- Hair removal, whilst permanent, is variable and results may vary. Most clients require at least 6–10 treatments
- The treatment is most successful on clients with fair skin and dark hair
- Coarse hair responds better to treatment than fine hair
- Light blonde, grey/white and red hair does not respond to treatment
- Facial hair (particularly fine hair) takes longer to respond to treatment
- Clients with darker skin, who are treated at lower fluence, will require additional treatments
- No guarantee has been made with regard to growth of dormant follicles that may be triggered by hormonal changes, stress, illness, medications, pregnancy and/or other causes
- Regardless of precautions taken, I acknowledge that adverse effects may occur

I UNDERSTAND THAT IN RELATION TO SKIN TREATMENTS:

- Treatments are most successful on clients with fair skin
- Clients with darker skin, who are treated at lower fluence levels, will require additional treatments
- Excessive sun exposure, even with regular application of sunscreen, can result in the skin returning to its pre-treatment condition
- Results are variable and outcomes cannot be guaranteed
- Chemical peel results vary and there is no guarantee that my skin will peel
- I must not scratch or pick treated areas as this may result in scarring
- Fractional RF may cause temporary swelling and redness
- Minor flaking and dryness and in rare cases scabbing may occur for a few days following treatment
- In rare cases, hyperpigmentation (mild darkening of areas of the skin) may occur. This normally resolves itself after a month
- Regardless of precautions taken, I acknowledge that adverse effects may occur in the treated area

I UNDERSTAND THE FOLLOWING RISKS ASSOCIATED WITH LASER TREATMENT:

- Lightening or darkening of the skin in the treated area(s)
- Skin redness, crusting, bruising and, in rare cases, blistering or burns
- Development of infection that, in very rare cases, can lead to scarring
- Allergic reaction
- In rare cases, stimulation of new hair growth may occur and additional laser treatments may be required

IN RELATION TO MY INITIAL AND ALL SUBSEQUENT TREATMENTS, I ADVISE THAT:

- I do not suffer from epilepsy
- I am not tanned from any source, including sun exposure, fake tans, tanning salons or a tanning drug such as Melanotan II
- I do not have a history of cold sores or herpes in the area being treated
- I do not have a history of abnormal/keloid scarring
- I have not taken the drug Roaccutane in the last three months
- I have not used Retin-A in the past two weeks in the area to be treated
- I will wear the protective eyewear provided whilst the laser is being operated
- I do not have any blood borne diseases such as HIV, Hepatitis C, etc

I will advise Laser Clinics Canada if any of the above changes

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to laser and skin treatments and accept sole responsibility for any medical care that may become necessary

If I pre-pay for treatments, I will save an amount according to the pre-payment schedule. I am aware that there is no refund on pre-pays and they are not transferable to other individuals, treatment areas or clinics and that pre-pays have a 12 month expiry date (less than 10 treatments) or an 18 month expiry date (10 or more treatments). I am further aware that 48 hours notice is required for any appointment cancellations. If I cancel within 48 hours or do not attend an appointment, a cancellation fee of 50% of the treatment cost will apply. In the case of pre-paid treatments, the treatment will be forfeited. I have read all the material provided and have had all my questions satisfactorily answered. No representations have been made in relation to the effectiveness of the treatment .

I have obtained or have elected at my own risk not to obtain the advice of a medical practitioner in relation to this treatment in respect of any possible adverse health risks, any skin lesions or abnormalities prior to being treated. I consent to undergoing the treatment at my own risk.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS PAGE AND ALL OF YOUR QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED

Name _____

Signature _____ Date _____