PULSE
LASER & SKINCARE CENTER

General Information

Personal			
First Name	Middle Name or Initial	Last Name	Referred By
Address	City	State	Zip
Email	Phone	Birth Date	Accept Marketing ◯ Yes ◯ No

Services Interested In			
◯ Acne Scarring	◯ Active Acne	◯ Chemical Peel	◯ Facial
◯ HydraFacial	◯ Hyper-pigmentation	◯ Laser Hair Removal	◯ Microdermabrasion
◯ Photo Facial	◯ Photo Rejuvenation	◯ Skin Resurfacing	◯ Skin Tightening
◯ Spider Vessels	◯ Other		

Lifestyle			
Do you regularly consume?	◯ Tobacco ◯ Alcohol	Do you regularly exercise?	◯ Yes ◯ No
Do you consume a lot of dairy products?	◯ Yes ◯ No	Do you use sunscreen on a daily basis?	◯ Yes ◯ No
Are you regularly in the sun?	◯ Yes ◯ No	How much water do you consume per day?	
Have you had any recent tanning, sun exposure or use of self-tanning products that have changed the color of your skin?			◯ Yes ◯ No
What is your daily skincare routine?			

Skin	
Type	◯ 1 : Never tans (always burns, extremely fair skin, blonde or red hair)
	◯ 2 : Occasionally tans - Usually burns (fair skin, sandy to brown hair, green or brown eyes)
	◯ 3 : Often tans - Sometimes burns during first exposure to sun (medium skin, brown hair)
	◯ 4 : Always tans - Never burns (olive skin, brown hair)
	◯ 5 : Never burns (dark brown skin, black hair)
	◯ 6 : Never burns (black skin, black hair)
Condition	◯ Dry ◯ Oily ◯ Combination
Parents' Ethnicity	

Female Clients Only			
Are you pregnant or trying to become pregnant?	◯ Yes ◯ No	Are you breast feeding?	◯ Yes ◯ No
Do you have normal menstrual cycles?	◯ Yes ◯ No	Are you in menopause?	◯ Yes ◯ No
Are you taking birth control?	◯ Yes ◯ No		

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Medical Information

Medical History			
Are you under a doctor's care? ◯ Yes ◯ No		If so, for what condition?	
Are you under a dermatologist's care? ◯ Yes ◯ No		If so, for what condition?	
Do you have any of the following conditions?			
◯ Acne	◯ Active Infection	◯ Allergies	◯ Arthritis
◯ Cancer	◯ Coagulation Problems	◯ Dermatitis	◯ Diabetes
◯ Eczema or Psoriasis	◯ Epilepsy	◯ Frequent Blemishes	◯ Heart Condition
◯ Hepatitis	◯ Herpes I/II	◯ High Blood Pressure	◯ HIV/AIDS
◯ Hormone Imbalance	◯ Keloids	◯ Pacemaker	◯ Polycystic Ovary Syndrome
◯ Skin Cancer	◯ Thyroid	◯ Other	
Are you allergic or sensitive to any of the following?			
◯ Any Food	◯ Aspirin	◯ Hydrocortisone	◯ Hydroquinonone
◯ Iodine	◯ Latex	◯ Lidocaine	◯ Seaweed
◯ Shellfish	◯ Sulfur	◯ Other	
What medications or products are you presently taking?			
◯ Antibiotics	◯ Antidepressant	◯ Any Vitamin in a Large Quantity	◯ Blood Thinner
◯ Herbal Supplements	◯ Hormones	◯ Other	
What skin related products are you presently using or have used in the past?			
◯ Accutane	If so, date of last use?	◯ Other	
◯ AHA (Glycolic acid, Alpha Hydroxy Acid)		If so, date of last use?	
◯ Clarifying Agents (Hydroquinone, Glytone, Azelex)		If so, date of last use?	
◯ Retinol (Retin A, Renova, Tazarac, Topical Vitamin A, Tretinoin, Triluma)		If so, date of last use?	

Aesthetic Procedure History			
Any plastic surgery in the last 12 months? ◯ Yes ◯ No		If so, what area or type of procedure?	
Have you had any Botox and/or fillers in the last 6 months? ◯ Yes ◯ No		If so, what area or type of procedure?	
Have you had a chemical peel in the last 6 months ◯ Yes ◯ No		If so, what area or type of procedure?	
Have you ever had laser hair removal? ◯ Yes ◯ No		If so, what area and number of procedures?	
Date of last treatment?		What type of equipment used? ◯ Alex ◯ Yag ◯ Diode ◯ IPL	
Have you used any of the following hair removal methods in the last 6 weeks?			
◯ Electrolysis	◯ Depilatory	◯ Shaving	◯ Sugaring
◯ Threading	◯ Tweezing	◯ Waxing	

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Informed Consent

Photo Rejuvenation, Skin Resurfacing, Skin Tightening, Spider Vessels, Active Acne and Hyper-pigmentation	Client Initials >	
Accutane, photo sensitizing medications, anti-coagulants and some immune suppressant medications are contraindicated for these treatments.		
If you have had a history of herpes, prophylactic antiviral therapy may be started the day before treatment and continued 1 week after treatment.		
Eye damage can occur from light based treatments and protective eye wear must be worn during all treatments.		
I understand that this examination does not replace an examination by a medical doctor.		
Treatment results are not guaranteed. I am aware that multiple treatments may be required to achieved desired results.		
This treatment may dramatically reduce the appearance of dark pigmented lesions (sunspots), spider vessels and increase collagen production for wrinkle reduction and acne scarring.		
Hyper-pigmentation (browning) and hypo-pigmentation (lightening) of the skin may occur after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk.		
Scarring, either hyper-trophic or keloid may occur, but is very rare. Blistering, pinpoint bleeding bruising, redness and swelling, superficial crusting or scabbing may also occur. These side effects may occur within 2 hours and last up to 10 days. Do not scratch the scabs and this may cause scarring as well.		
Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Should any type of skin infection develop, please contact our office for further instructions.		

Virtual Consultations	Client Initials >	
Our video consults usually take 15-20 minutes and are conducted via Zoom. You will receive your log in information once we confirm the appointment time.		
I consent to participate in a video consultation and accept Zoom meets recommended standards to protect privacy and security.		
I will fill out this form, sign and return via email (appointments@pulseskin.com) or fax (212-802-1439) prior to my appointment time.		

Informed Consent Statement
By signing below, I confirm I have been informed of all the relevant above information relating to my treatment and accept this Informed Consent Statement.
I am aware of the risks involved from receiving treatment, agree to those risks and release and hold harmless Pulse Laser & Skincare Center from any claims related thereto including COVID-19. I have been adequately informed of the possible risks and give my consent to receive treatment.
Pulse Laser & Skincare Center cares and listens to all of their clients' needs and concerns. We value our relationship with all of our clients and these policies are part of the informed consent process to clarify any possible future contingencies.

Signature	
Client	Date