

East Hill Medical Group

IPL

Dr. Kevin M. Hogan D.C.
Clinic Director

Dr. R. Blake Sayre, M.D.
Medical Director

99 S Alcaniz St. Suite B ♦ Pensacola, FL 32502 ♦ (850) 437-0035 ♦ www.easthilllaser.com ♦ easthilllaser@gmail.com

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel. #: _____ Cell #: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email: _____ How Referred: _____

Parents Ethnic Background: _____ Previous Treatments Y / N Year: _____ Area(s): _____

Other Important Information: _____

Skin Analysis	Medical History
Have you used Retin A in the last 2 weeks in the <u>treatment</u> area(s) Y / N	Are you under a doctor's care for anything we should be aware of? Y / N If yes, explain Are you currently on mood altering or depression medication? Y / N If yes, please List Other Present Medications, please list Y / N Do you take daily aspirin regimen or anti-coagulant? Y / N Present Herbal Vitamin, IRON and other supplements, please list Y / N Do you have excessive hair growth? Y / N If yes, list location(s) Do you have metal implants? Y / N If yes, list location(s) Do you have any tattoos or body piercing in the <u>treatment</u> area? Y / N If yes, where? <div style="text-align: center;"><u>WomenOnly</u></div> Are you pregnant? Y N If so, Due Date _____ Hysterectomy? Y N Regular Periods? Y N Heart Condition? Y / N Menopause? Y / N Over - In - Peri-menopause Birth Control Y / N Copper IUD Y / N Have you been diagnosed with PCOS (Polycystic Ovarian Syndrome) Y / N
Have you had a chemical/acid peel on the <u>treatment</u> area(s) in the last 3 months? Y / N	
Are you currently taking Accutane or have you taken it in the last year? Y / N	
Have you had radiation therapy in the last 6 months? Y / N	
Have you taken oral antibiotics in the last 14 days? Y / N If yes, list:	
Are you on any light sensitive medications? Y / N If yes, list:	
Have you seen a Dermatologist in the past 6 months? Y / N If yes, List any Dermatologist strength skin care products being used in the <u>treatment</u> area(s)?	
Are you using a topical antibiotic on the <u>treatment</u> area(s) for acne or other? Y / N if yes, list:	
Have you seen an Endocrinologist in the last year? Y / N If yes, explain	
Do you have hypo/hyperactive thyroid condition? Y / N If yes, List surgeries and/or medications	

Have you ever had any of the following? If yes, terminated (t) or continued (c)?

Heart Condition () Yes () No Pacemaker () Yes () No Cancer Treatment () Yes () No Hepatitis Type _____ () Yes () No
 Diabetes () Yes () No Herpes I/II () Yes () No Coagulation Problem () Yes () No Pertinent Allergy () Yes () No
 Keloids () Yes () No Acne () Yes () No Aloe Allergy () Yes () No

I understand that IPL is not immediately permanent and that a series of treatments are necessary to achieve permanent hair reduction. I understand the success of treatments largely depends on my cooperation with my treatment schedule and recommendations made by the laser technician. I agree to inform the technician of any changes in my skin after treatment as well as changes in my general health. By signing below, I certify the above information to be accurate.

Signature _____ Date: _____

Technician _____

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FitzpatrickSkinTyping

Question	0	1	2	3	4	Score
What is your eye color?	Light Blue	Blue, Grey or Green	Blue / Hazel	Brown	Brownish Black	
What is the Natural color of your hair?	Sandy / Red	Blonde	Dark Blonde/Light Brown	Chestnut/Brown	Black	
What is the color of your non-exposed skin?	Reddish	Very pale	Pale with a beige tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens the first time you stay in the sun too long?	Painful, Redness, Blistering, Peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely Burns	Never Burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown after the first several hours of sun exposure	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem	
					Total	Skin Type
When did you last expose your body to sun, tanning booth or tan crème?	More than 3 month ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
When did you last expose the treatment area to the sun?	More than 3 month ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
					Score with tanning habits	
					Total	Skin Type

We do **NOT** recommend laser therapy if any of the below conditions exist. Please circle those that apply.

- Photosensitive disorder
 Active Herpes in treatment area(s)
 Active Shingles
 Seizure disorder triggered by light

Patient Signature

Date

TYPE 1:	Highly sun-sensitive, always burns, never tans. Example: Very pale Caucasian, freckles, or Albino	Score 0 – 7
TYPE 2:	Very sun-sensitive, burn easily, tans minimally. Example: Fair-skinned Caucasian	8 – 16
TYPE 3:	Sun-sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasian, European mix	17 – 25
TYPE 4:	Minimally sun-sensitive, rarely burns, always tans to moderate brown. Example: Mediterranean, European, Asian, Hispanic, Native American	25 – 30
TYPE 5:	Sun-insensitive skin, rarely burns, tans well. Example: Hispanic, Afro-American, Middle Eastern	Over 30
TYPE 6:	un-insensitive never burns, deeply pigmented. Example: Afro-American, African, Middle Eastern	Over 30

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INFORMED CONSENT: PHOTO FACIAL, REMOVAL/REDUCTION OF ROSACEA & SPIDER VEINS

PATIENT: _____

I duly authorize EAST HILL LASER & AESTHETICS CLINIC and the certified laser technician to perform this procedure. The light pulsed system may dramatically reduce darkly pigmented sunspots and spider veins. More than one laser session may be necessary to achieve desired results. The FDA has given the clearance for removal of brown spots, spider veins and rosacea.

Pigmented Lesions: The skin treated may be red and swollen with fine, thin scabs forming. Keep the treated areas covered with post procedure lotion recommended by the doctor or Aesthetician until the thin scabs fall off. This process will take anywhere from 1 to 3 weeks.

We are unable to treat clients that are currently taking ACCUTANE and PHOTSENSITIZING medications, such as antibiotics, and patients using ANTICOAGULANTS. Please inform the doctor or aesthetician prior to your treatment.

THE FOLLOWING PROBLEMS MAY OCCUR WITH TREATMENT:

1. Scarring: The light pulsed system can create a bruising and moderate burn or blister of the skin. For an effective treatment, the power (joules) needs to be just below the blistering point, which means the skin will be red. There is a risk of scarring.
2. Hyper-Pigmentation (browning) and Hypo-Pigmentation (whitening) have been noted after treatment, especially with a darker complexion. This usually resolves within weeks, but can take as long as 3 to 6 months in some cases. Permanent color change has occurred in rare cases. If you have a lot of color in your skin, a lightening cream may be recommended to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reducing the risk of color change.
3. Infection: Although infection following pulsed light treatment is unusual, bacterial, fungal and viral infections can occur. Herpes Simplex Virus infections around the mouth can occur following the laser treatment. This applies to individuals with a past history of herpes simplex virus infection in the mouth area. Should any type of skin infection occur, additional treatment including antibiotics may be required. We recommend preventative therapy if you have a history of herpes simplex virus in the treated area.
4. Bleeding: Pinpoint bleeding is rare but can occur following brown spot required.
5. Skin Tissue Pathology: Energy directed at the skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for clearance for the treatment.
6. Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.

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Photo Facial/Skin Rejuvenation Pre-Treatment Instructions

It is crucial to the health of your skin and the success of your Photo Facial that these guidelines be closely followed:

Patients should NOT be treated with the following:

- Active cold sores or warts
- Open wounds or lesions
- Sunburn
- Excessively sensitive skin
- Dermatitis, Psoriasis or Eczema
- Untreated skin cancer in treatment site
- Permanent makeup in treatment site
- Rashes, allergies or sensitive skin reactions
- Accutane use within the past 12 months
- Radiation or chemotherapy in the past 12 months
- Pregnant or breastfeeding
- Antibiotic use 14 days prior to treatment

Two weeks PRIOR to your treatment you should avoid:

- Electrolysis, waxing, depilatory creams
- Laser or IPL treatments
- Chemical peel or microdermabrasion treatment
- Retin-A, Renova, Differin, Tazorac
- Products containing Retinol, AHA, BHA or Benzoyl Peroxide
- Exfoliating products that may be drying or irritating
- Sun exposure or sunburn
- Sunless tanning

If you have any history of Herpes Simplex, please notify the Aesthetician BEFORE receiving Photo Facial treatments.

Please call us at 850-437-0035 if you should have any questions regarding preparation for your Photo Facial

Other Policies

- Cancellations and rescheduling of appointments require a 24-hour notice to avoid forfeiting a treatment. Missing an appointment will be considered a "No Show" and that treatment will be forfeited. Please call 850-437-0035 to reschedule your appointment.

Patient Signature

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PATIENT COPY – Please Keep