MEDIK808™ Triple Wave-Length Diode Laser HAIR REDUCTION

CLIENT INTAKE & INFORMED CONSENT

Section 1. **CLIENT INFORMATION & MEDICAL HISTORY**

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Family Physician: _____

Referral Source: _____

Treatment Area(s): _____

GENERAL HEALTH

☐ Diabetes

☐ Thyroid Disorder

☐ Autoimmune Disease

☐ Heart Disease / Cardiovascular Condition

☐ Bleeding Disorder or Blood Clotting Disorder

☐ Metal Implants ((in treatment area)

☐ HIV/AIDS or Other Immunocompromising Condition

☐ Immunocompromised

☐ Hepatitis

☐ Epilepsy / Seizure Disorder

☐ Liver Disease (Including Hepatitis)

☐ Cancer (Current or Previous)

☐ High Blood Pressure

☐ Delayed or Poor Wound Healing

☐ Other Significant Medical Conditions _____ ☐ None

SKIN CONDITIONS

☐ Active Acne

☐ Active or History of Cold Sores (HSV)

☐ Active Bacterial, Viral, or Fungal Skin Infection

☐ Active Rash or Skin Irritation

☐ Dermatitis

☐ Psoriasis

☐ Poor Wound Healing

☐ Precancerous Skin Lesions (e.g., Solar Keratosis)

☐ Other Skin Condition _____

☐ Eczema

☐ Keloid or Hypertrophic Scarring

☐ History of Hypopigmentation

☐ History of Hyperpigmentation

☐ Rosacea

☐ Skin Cancer (Current or Previous)

☐ Vitiligo

☐ Warts (within treatment area)

☐ None

MEDICATIONS

Are you currently taking or have recently taken any of the following?

☐ Antibiotics

☐ Blood Thinners / Anticoagulants

☐ Herbal Supplements or Natural Remedies

☐ Hormone Therapy or Hormonal Medications

☐ Isotretinoin (Accutane® or similar acne medications)

☐ Other Medication(s)_____

☐ Corticosteroids (Oral or Topical)

☐ Immunosuppressive Medications

☐ Photosensitizing Medications

☐ Steroids

☐ Topical Acne Medications

☐ None

ALLERGIES _____

FEMALE CLIENTS

Are you currently pregnant or breast feeding?

☐ Yes

☐ No

PREVIOUS COSMETIC TREATMENTS

Have you received any of the following within the treatment area?

☐ Dermal Fillers

☐ Dermaplaning

☐ Depilatory Cream

☐ Deep Chemical Peel

☐ Electrolysis

☐ IPL

☐ Tattoo & Cosmetic Tattoo

☐ None

☐ Laser Hair Removal

☐ Microneedling

☐ Neuromodulators (Botox)

☐ Photo Dynamic Therapy (PDT)

☐ Plastic/Cosmetic Surgery

☐ Radio Frequency (RF) Skin Tightening

☐ Tweezing or Threading

☐ Waxing or Sugaring

Date of Last Treatment: _____

SUN EXPOSURE

Have you had any of the following within the past four weeks?

☐ Excessive Sun Exposure

☐ Self Tanner

☐ Spray Tan

☐ Sunburn

☐ Tanning Bed

☐ None

I confirm that the medical information I have provided is complete and accurate.

Client Initials: _____

Section 2. **TREATMENT INFORMATION**

About the MEDIK808™ Triple Wave-Length Diode Laser

The **MEDIK808™ Triple Wave-Length Diode Laser** is an advanced medical aesthetic device designed to safely and effectively reduce unwanted hair by targeting the melanin (pigment) within the hair follicle. The laser emits concentrated light energy that is absorbed by the hair follicle, generating heat that damages its ability to produce future hair growth while minimizing damage to the surrounding skin.

The MEDIK808™ utilizes **755nm, 808nm, and 1064nm wavelengths**, allowing treatments to be customized for a wide range of skin types, hair colours, and treatment areas.

Understanding the Hair Growth Cycle

Hair grows in three distinct phases:

Anagen (Growth Phase)
The hair is actively growing and attached to the follicle. This is the stage during which laser hair reduction is most effective because the laser targets the pigment within the actively growing hair.

Catagen (Transition Phase)
Hair growth slows, and the follicle begins to shrink. Hair in this phase is less responsive to laser treatment.

Telogen (Resting Phase)
The hair has detached from the follicle and will naturally shed before a new hair begins to grow. Laser treatment is generally ineffective during this phase.

Because not all hairs are in the same stage of growth at the same time, **multiple treatment sessions are required** to effectively target hairs as they enter the active growth phase.

Treatment Expectations

Individual results vary based on factors including skin type, hair colour, hair thickness, hormonal influences, medications, genetics, and adherence to treatment recommendations.

Clients should understand that:

- Laser hair reduction is designed to achieve long-term hair reduction.
- Most clients require a series of approximately 6–8 treatments, although additional sessions may be recommended depending on individual response and the treatment area.
- Hair typically becomes finer, lighter, and less dense with each treatment.
- Hormonal changes, genetics, age, medications, pregnancy, menopause, or certain medical conditions may stimulate new hair growth after treatment.
- Periodic maintenance treatments may be recommended to maintain long-term results.
- No guarantee or warranty can be made regarding the number of treatments required or the degree of hair reduction achieved.

Possible Risks and Side Effects

Although diode laser hair reduction is considered a safe and effective procedure when performed by a trained practitioner, potential side effects may occur.

Common (Temporary)

- Mild redness
- Swelling around hair follicles
- Warmth or sensitivity
- Mild discomfort similar to a sunburn
- Temporary itching

These reactions generally resolve within several hours to a few days.

Less Common

- Blistering
- Crusting
- Temporary hyperpigmentation (darkening)
- Temporary hypopigmentation (lightening)
- Folliculitis
- Acne flare-ups
- Bruising

Rare

- Burns
- Infection
- Permanent pigment changes
- Scarring
- Delayed wound healing
- Allergic reactions to topical products used during treatment

The risk of complications may increase if pre-treatment or post-treatment instructions are not followed, if contraindications are not disclosed, or if treatment is performed on recently tanned or sunburned skin.

Client Responsibilities

To help ensure the safest and most effective treatment, I understand and agree that I will:

- Provide complete and accurate medical information.
- Inform CURA skin of any changes to my health, medications, pregnancy status, or skin condition before each appointment.
- Follow all pre-treatment and post-treatment instructions provided.
- Avoid tanning, excessive sun exposure, and contraindicated hair removal methods as instructed.
- Attend recommended treatment sessions and follow-up appointments.
- Contact CURA skin promptly if I experience any unexpected or concerning reactions following treatment.

Client Acknowledgement

I acknowledge that I have read and understand the information provided regarding diode laser hair reduction, including how the treatment works, expected outcomes, possible risks, limitations, and my responsibilities as a client. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Client Initials: _____

Section 3. **BEFORE & AFTER CARE - MEDIK808™ Triple Wave-Length Diode Laser**

PRE-TREATMENT GUIDLINES

To help ensure your safety and optimize treatment results, please carefully follow the instructions below prior to each appointment.

Sun Exposure

- Avoid direct sun exposure, tanning beds, and self-tanning products for **4–6 weeks** before treatment.
- Treatment should not be performed on recently tanned or sunburned skin, as this increases the risk of burns, blistering, and pigmentation changes.

Hair Removal

- Do **not** wax, tweeze, thread, use depilatory creams, epilators, or undergo electrolysis for **4–6 weeks** before treatment.
- Shaving is the only recommended method of hair removal between treatments.

Shaving

- Shave the treatment area **24–48 hours** before your appointment unless otherwise instructed by your practitioner.
- Please do not shave areas where assessment of the hair is required unless advised.

Medications

- Inform your practitioner of **all medications, supplements, and topical products** you are currently using.
- Certain medications may increase photosensitivity or affect your suitability for treatment.

Skin Care Products

- Avoid retinoids, retinol, AHAs, BHAs, chemical exfoliants, prescription acne products, and other potentially irritating skincare products on the treatment area for approximately **one week** before treatment, unless otherwise directed.

Skin Preparation

- Arrive with the treatment area clean and free of makeup, lotions, oils, perfumes, deodorants, or topical medications unless specifically instructed otherwise.

Consultation and Patch Testing

- Attend your consultation and disclose any changes to your medical history, medications, pregnancy status, or recent cosmetic procedures.
- A test patch may be recommended prior to treatment based on your skin type, medical history, or practitioner assessment.

Hydration and Lifestyle

- Drink plenty of water before your appointment to support healthy skin.
- Avoid alcohol and excessive caffeine for **24 hours** prior to treatment, as they may contribute to skin sensitivity.

Section 4. **POST-TREATMENT GUIDELINES**

Following these instructions will help promote proper healing and reduce the risk of complications.

Sun Protection

- Avoid direct sun exposure, tanning beds, and self-tanning products for **4–6 weeks** following treatment.
- Apply a broad-spectrum sunscreen with **SPF 50+** daily to all treated areas whenever sun exposure is possible.

Skin Care

- Use only gentle cleansers and moisturizers until the skin has fully recovered.
- Avoid exfoliating products, retinoids, prescription acne products, chemical peels, or other potentially irritating skincare products for approximately **one week**, or until advised by your practitioner.

Heat and Physical Activity

- Avoid hot baths, hot showers, saunas, steam rooms, hot tubs, and vigorous exercise for **24–48 hours** following treatment, as excessive heat may increase irritation.

Redness and Swelling

- Mild redness, swelling, and sensitivity are common and typically resolve within several hours to a few days.
- A cool compress may be applied as needed for comfort.

Hair Removal Between Treatments

- Do **not** wax, tweeze, thread, or use depilatory creams between treatment sessions.
- Shaving is the only recommended method of hair removal if needed.

Moisturizing

- Keep the treated area clean, moisturized, and well hydrated to support the skin's natural healing process.

Monitor for Adverse Reactions

- Contact CURA skin promptly if you experience excessive pain, blistering, prolonged redness or swelling, signs of infection, unexpected pigment changes, or any other concerning reaction.

Follow-Up Treatments

- Attend all recommended follow-up appointments to achieve the best possible treatment outcome.

- Multiple treatment sessions and periodic maintenance treatments may be required to achieve and maintain optimal long-term hair reduction.

CLIENT ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the pre-treatment and post-treatment guidelines provided above. I understand that failure to follow these instructions may increase the risk of complications and may affect the safety and effectiveness of my treatment.

Client Initials: _____

Section 5. **CONSENT & AKNOWLEDGEMENT**

1.Treatment Information

I understand that the **MEDIK808™ Triple Wave-Length Diode Laser** has been selected as the appropriate treatment for my skin type and treatment goals. The procedure, expected benefits, limitations, and potential outcomes have been explained to me, and I understand how the treatment works.

2. Potential Risks & Side Effect

I understand that laser hair reduction carries potential risks and side effects including, but not limited to:

- Temporary redness and swelling
- Mild discomfort or burning sensation
- Pigmentation changes (hyperpigmentation or hypopigmentation)
- Blistering
- Infection
- Scarring (rare)

I understand that individual healing responses vary and that unforeseen complications may occur despite appropriate treatment and aftercare.

3. Pre- & Post-Treatment Care

I confirm that I have received, read, and understood the pre-treatment and post-treatment instructions. I understand that failure to follow these instructions may increase the risk of complications and may affect my treatment results.

4. Treatment Expectations

I understand that multiple treatment sessions are required to achieve optimal hair reduction and that maintenance treatments may be recommended. I acknowledge that no guarantee or warranty has been

made regarding the number of treatments required or the degree of permanent hair reduction achieved. Results vary based on individual factors including hair colour, hair growth cycle, skin type, hormonal influences, medications, and adherence to the recommended treatment plan.

5. Medical Disclosure

I certify that I have fully disclosed all relevant medical conditions, medications, allergies, previous cosmetic procedures, pregnancy status, and skin conditions. I agree to notify CURA skin before each treatment if there are any changes to my health or medical history.

6. Privacy & Confidentiality

I consent to the collection, use, and storage of my personal health information for the purpose of providing treatment and maintaining my clinical record. I understand that my information will be managed confidentially in accordance with applicable privacy legislation.

7. Voluntary Consent

I understand that laser treatments are aesthetic procedures performed by a trained practitioner and may require the practitioner to touch, position, or expose the treatment area in order to safely assess the skin and perform the procedure. Depending on the area being treated, I may be asked to adjust or remove clothing and appropriate draping will be provided when required. I understand that I may ask questions, request modifications, or stop the treatment at any time if I feel uncomfortable. I consent to the necessary practitioner contact and positioning required to safely perform my selected treatment. I voluntarily consent to receive microneedling treatment. I understand that I may withdraw my consent before treatment begins.

8. Policy For Minors

I understand that a child under the age of 18 must have a parent or guardian with them during the initial assessment & treatment. A child at the age of 16 and under must have a guardian present for all assessments and treatments administered.

9. Liability Waiver

To the fullest extent permitted by law, I release, indemnify, and hold harmless **CURA skin**, its owners, practitioners, employees, contractors, and affiliates from any claims, liabilities, damages, losses, costs, or expenses arising directly or indirectly from this treatment, except where caused by gross negligence or willful misconduct.

10. Photography Consent *(Optional)*

☐ I consent to clinical photographs being taken for treatment planning and progress documentation.

☐ I consent to the use of my photographs for educational or marketing purposes

11. Cancellation Policy

Your appointment time is reserved specifically for you. Late cancellations and missed appointments prevent us from offering that time to another client. CURA skin requires a minimum of **24 hours' notice** to cancel or reschedule an appointment. Cancellations made with less than 24 hours' notice, or missed appointments (**no-shows**), may be subject to a cancellation fee. We appreciate your consideration and understanding

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CLIENT DECLARATION

I acknowledge that I have read and understood this consent form in its entirety. I confirm that all information provided is true and complete, and I voluntarily consent to proceed with treatment.

Client Name: _____

Client Signature: _____

Practitioner Name: _____

Practitioner Signature: _____

Date: _____