

OLENA'S Spa & Laser Center

Appointment/Cancellation Policy

Cancellations: Please be advised there is a 24 hour notice of a cancellation required. If you cancel after the time requirement, or do not show for a scheduled appointment, one of your treatments will be deducted from your package. ____ Initials

Appointments: Please read carefully through all your paperwork and make sure everything is completed and signed. Please make sure to show up **10 minutes** before your appointment. If you arrive for your appointment without your paperwork completed, did not follow the pre treatment requirements, or show up late, we will have to reschedule you and deduct a treatment. ____ Initials

Please be sure to complete your checklist to verify that everything is in order and completed.

I _____ (Print name) have read and understand the above policy.

Signature _____ Date _____

OLENA'S Spa & Laser Center

General Patient Information

Please print clearly and complete the following. Please make note of best number for us to contact you for confirmation calls or if you preferred email

Patient Name _____ Today's Date/Time _____ Address _____
 _____ City _____
 _____ State _____ Zip Code _____ Home Phone _____
 _____ Emergency Contact _____ Work Phone _____
 _____ Relationship of Contact _____ Cell Phone _____
 _____ Contact Phone _____ Date of Birth _____
 Age: _____ Email Address _____

Patient History Information

Do any of the following apply to you?	Yes	For how long?		Yes	For how long?
Are you pregnant?			Date of last period		
Are you nursing?			Irregular Periods		
Are you attempting to get pregnant?			Menopausal Symptoms		
HIV/AIDS			Total Hysterectomy		
History of Hypertrophic or Keloidal Scarring			Polycystic Ovarian Disease		
Psoriasis			Adrenal Hyperplasia		
Lupus			Any other metabolic diseases?		
Sun Rash or Photo allergic			Recent increase in hair amount/growth		
Recent exposure to sun or tanning booths			Have relatives with excessive hair		
Recent use of sunless tanning cream			High Stress Level		
Epilepsy			Dental Fillings / Metal Pins		
Cancer / Melanoma			Cosmetic Tattoos		
Family History of Cancer / Melanoma			Taken Accutane in the past year		
Diabetes			Use Retin A or alpha/beta hydroxy's		
Herpes / Cold Sores			Allergy to Lidocaine / other anesthetics		
Folliculitis			History of Hives		
Pigmentation Disorder			St. John's Wort or Vitamin E use		
Heart Problems			Do you drink alcohol?		
A Pacemaker			Do you smoke?		

Are you currently under a physician's care or have any conditions not listed above?

Please describe the nature of your visit and what you would like to accomplish with your treatment.

What medications do you take? (please include any vitamins, herbal remedies, over the counter supplements)

Please list allergies. (Include prescription medications, over the counter medications, and environmental allergies)

Are you allergic to soy products?

Yes No Do you get brown pimples?

Yes No Have you ever undergone any cosmetic surgery, peeling procedure, dermabrasion, or any other laser treatment?

Yes No If yes, what type and how long ago?

Circle the number of the description that would best describe you if you were exposed to strong sun with no sun block.

1. I always burn and never tan. 3. I sometimes burn, but I always tan. 5. I am American Indian or Hispanic
2. I always burn and sometimes tan. 4. I rarely burn, but I always tan. 6. I am African American

How did you hear about us? We would like to thank the individual.

Physician Referral (*name*) _____ Newspaper _____

Friend (*name*) _____ Billboard _____

Other _____

For Laser Hair Removal Patients:

What is your current form of hair removal?

Shave Bleach Electrolysis

Pluck Wax Depilatory Creams Have you ever tried Electrolysis in the past?

Yes No

If yes, list areas treated _____

I attest that I have answered the above health questions to the best of my knowledge.

Cancellation Policy: 24 Hour notice is required; otherwise a charge will be applied or a treatment will be deducted.

Patient / Legal Guardian Signature _____

Laser hair removal pre-treatment instructions:

Shave the area being treated the morning of your treatment or the night before.

Avoid tweezing, waxing, bleach, thread, or the use of depilatory agent for 4 weeks prior to treatment.

Avoid tanning for at least 4-6 weeks prior to treatment. Self tanning creams need to be completed faded prior to treatment.

Make sure all lotions, creams, and deodorants are removed before treatment.

Wear appropriate clothing for the treatment area (shorts or bikini, tang top, etc.)

If you are using a topical numbing cream it should be applied at least 45 minutes before your treatment and completely removed before your scheduled appointment time.

Your cooperation is essential for the success of the laser hair removal treatment. These pre-treatment instructions must be followed to maintain your appointment time. Not following these pretreatment instructions prior to your scheduled treatment time may result in a cancelled and charged treatment.

Medications and Medical Conditions:

Please inform the medical staff if you have any of the following medical conditions or are using the listed medications.

-Psoriasis -Vitiligo-History of keloids-Bleeding disorder-Cold sores or fever blisters

Medication list:

-Anti-biotics: Tetracyclines and Sulpha Types-Ibuprofen-Steroids -Accutane -Topical Acne Medications (retinoid base creams)

First appointment Checklist

Ready for your laser hair removal treatment?

To better assist your registration process we have provided this checklist so you don't miss what you need for your first appointment.

1. New General Patient Information Form Completed
2. Appointment Policy Form Signed
3. Read and followed pre-treatment instructions on website
4. Make sure you are 10 minutes early for appointment