

Urban Body Skin Rejuvenation

Urban Body aims to be the specialized med spa provider in the lower mainland. By offering a young, energetic and progressive environment, through a centralized location in downtown Vancouver with internationally trained Guest Service Technicians.

Guest:

Email:

Phone:

Occupation:

Where did you hear about Urban Body? : (Check any that apply)

JRFM

Instagram

Yelp

The Peak

Facebook

Google

Referral:

Other:

Where is the main area of concern?

Please let us know if you would like more information on the following:

Skin issues like redness, dryness, oiliness, discoloration and wrinkles

Organic and Natural skin care

Dark circles around the eyes

Acne

Do you have any Skin Sensitivities? :

When was your last sun exposure to the treatment area? :

Have you had any previous BBL/Light Therapy? :

What skincare/makeup brands are you currently using? :

Photo Rejuvenation Questionnaire

Name:

Would you describe your skin as sensitive?	Yes	No
Are you currently taking any blood thinners/aspirin?	Yes	No
Have you been tested for any hormone imbalances?	Yes	No
Do you have Melesma?	Yes	No
What type of skin care products are you currently using?		

Are you currently or have been on the drug Accutane in the last 2 months?	Yes	No
If yes, when did you start or stop?		

Do you get keloid scars?	Yes	No
Do you get cold sores?	Yes	No
If yes, when was last outbreak?		

Do you have any allergies?	Yes	No
If yes please list:		

Please list the medications and herbal supplements you use including topical medications:

Do you have any current skin infections?	Yes	No
If yes please list:		

Have you had microdermabrasion	Yes	No
If yes, when was your last one?		

Do you get light triggered headaches?	Yes	No
Do you have any medical conditions?	Yes	No
If yes, please provide some more information:		

Are you planning a holiday to a warm hot climate?	Yes	No
If yes, when?		

Have you used any of the following in the last 4 weeks?		
Retinols Chemical Peels Glycolic Peels Self Tanner		
Do you wear contact lenses?	Yes	No
Have you had any cosmetic procedures done in the last 6 months?	Yes	No
If yes, please list which ones:		

Have you been diagnosed with Rosacea?	Yes	No
If yes, which treatment or medication are you using?		

SKIN TYPE ASSESSMENT

Please check off the appropriate answer on this form, for us to properly assess your skin type

Name: _____

Heritage: _____

Genetic Disposition:

	0	1	2	3	4
What is your eye colour?	Light Blue Green	Grey	Blue	Brown	Dark Brown Black
What is your natural hair colour?	Sandy Red	Blonde	Chestnut Dark Blonde	Dark Brown	Black
What is your natural skin colour?	Reddish	Very Pale	Pale	Light Brown	Dark Brown
Do you have freckles?	Many	Several	Few	Incidental	None
Total:					

Reaction to Sun Exposure:

	0	1	2	3	4
What happens when your skin is overexposed to the sun?	Redness, Blistering	Blistering, Peeling	Burns, some peeling	Rarely Burns	Never Burns
To what degree does your skin turn brown?	Hardly, not at all	Light Tan	Medium Tan	Tans Easily	Turns Dark Brown Quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem
Total:					

Tanning Habits:

	0	1	2	3	4
When was your last exposure to sun lamps or cream?	More than 3 Months	2 to 3 Months	1 to 2 Months	Less than 1 Month	Less than 2 Weeks
Was the treatment area exposed?	Never	Hardly Ever	Sometimes	Often	Always
Total:					

Totals:

For each parent of African American or East Indian Descent add 10 points	10 20	Total for Genetic Disposition:
For Each Grandparent of African American of East Indian descent add 5 points	5 10	Total for Sun Exposure:
If your heritage is Latin American, Asian-Pacific Islander, Mediterranean or native or indigenous to Americans add 5 points	5 10	Total for Tanning Habits:
Heritage Total:		Total for Heritage:
		Total:

0-8 Skin Type 1 | 8-16 Skin Type 2 | 17-24 Skin Type 3 | 25-30 Skin Type 4 | 31-34 Skin Type 5 | 35+ Skin Type 6

URBAN BODY LASER (“UBL”) CONSENT FORM FOR BBL TREATMENT

This consent is designed to give _____ the information needed to make an informed decision to undergo BBL treatment with UBL. Please read this form and be sure you understand it completely before making your decision.

I clearly understand and accept the following:

1. BBL Treatment: During BBL, and intense pulsed light energy is exposed to and absorbed by the damaged tissue with the intention to treat benign skin conditions to lighten and fade unwanted blood vessels, freckles, fine lines, scars, stretch marks, uneven skin coloring, tone and texture. The wavelength, exposure, duration and energy level are carefully chosen to selectively damage targeted skin problems without damaging the surrounding tissue. I understand that I am required to attend at least 5 treatments, with additional treatments as recommended by UBL, at 3-4 week intervals. I understand that BBL treatment is quite effective; however, results can vary from person to person.

2. Risks and Complications:

Pain and Discomfort: UBL does not guarantee pain-free treatments. Individual responses to BBL treatment may vary and the amount of pain varies from person to person.

Possible Side Effects: Scarring, discoloration or lightening of skin and hair loss in the areas of treatment. To avoid the chance of scarring, it is important that you follow all pre and post-treatment instructions carefully. Short-term side effects following BBL treatment include reddening, mild tingling, bruising, blistering or swelling.

Other Side Effects: There is known and expected loss of hair in the treated areas. In a very small percentage of people there is new hair growth in the surrounding areas being treated.

Instructions: If you experience any of these side effects, you must contact UBL as soon as possible so the area can be evaluated and we can advise you on how to care for the area, and so that we can document the occurrence.

3. Sun Exposure/Sun Tanning/Artificial Tanning: I agree that I will not engage in direct sun tanning, tanning bed or booth tanning, or artificial product tanning while undergoing BBL treatments. I further agree that if I will be exposed to the sun, I must protect my skin with a complete sun block every 2 hours and must also protect myself with a hat or light clothing, as needed.

4. Health Conditions and Contradictions: Pregnancy, acutance, epilepsy, history of seizures, diabetes (we do not treat below elbows or below knees), chemo or radiation therapy, pacemaker, internal defibrillator, any internal metal device (surgical screws, pins, plates, or implants) in the area to be treated, HIV positive (a letter of clearance is needed), multiple sclerosis (a letter of clearance with confirmation that the area to be treated is not numb), scleroderma, lupus, sarcoidosis, treatment over numbness of any body part, over moles or lesions of any kind, over tattoos, port wine stains, under the eyebrows, or any orifice, BBL treatment is inadvisable for people under the age of 12 years. Use of photosensitizing medications may cause increased skin sensitivity to BBL treatment.

5. Cold Sores: I understand that if I have a history of cold sores in or near the treatment area, it is advised that I require a prescription for pre and post- treatment anti-viral medication, which should be started the day of or 1 day prior to BBL treatment and continued for the full course and prescribed by the doctor.

6. Eye Exposure: While there is minimal risk of inadvertent eye exposure to laser, safeguards will be provided including the use of protective eyewear during treatment. You must wear protective eyewear/goggles at all times during the treatment to protect your eyes from the intense light.

7. Treatment Fee: I agree to pay the fee quoted and understand that all fees quoted are non-refundable. All prices are subject to change without prior notice, No refunds will be given for treatments received.

8. Photos: I consent to have clinical photos taken of the area to be treated to document the progress of my treatments. I consent to them being used for educational purposes as well as before and after pictures on the website and Social Media.

I acknowledge that a consultant with UBL has explained the process of BBL treatment to me and any risks involved, including possible complications and benefits. I have been given the opportunity to ask any questions I may have and I have received satisfactory answers. I understand the potential benefits and complications and willingly agree to undergo BBL treatments.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained from BBL treatment at UBL. I am aware that follow-up treatments may be necessary in order to achieve the desired results, and that most patients require a number of treatments over several months with gradual results occurring over time. I agree that clinical results vary from person to person.

I agree to adhere to all safety precautions and regulations during the treatment. I agree that all service fees for services rendered to me are charged directly to me and that I am personally responsible for payment.

I hereby authorize UBL to perform BBL treatments. I certify that I am a competent adult of at least 18 years of age, or that if I am minor under the age of 18, I understand that the consent of my parent/legal guardian will also be required before treatment.

I understand that, occasionally, unforeseen mechanical problems may occur and my appointment will need to be rescheduled.

I acknowledge that alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. My signature acknowledges that I am informed.

Guest Signature:

Date:

Parent/Legal Guardian: (If patient is a Minor)

Date:

Witness Signature:

Date:

Location:

URBAN BODY LASER (“UBL”) PRE -TREATMENT AND POST-TREATMENT INSTRUCTIONS FOR BBL AND SKIN TIGHTENING

(To be followed in order to obtain optimum results)

If after treated area your skin still feels warm\hot, you may use\or will be instructed to use a small UBL icepack to keep area cool. **IF YOU ARE INSTRUCTED, IT IS IMPERATIVE TO FOLLOW INSTRUCTIONS.** Doing this will pull excessive heat from the area. A burn may occur otherwise.

You must not apply any creams or lotions to the treatment area prior to treatment.

You may apply daily cleanser, moisturizer and sun block to the treatment area the day before and the day after. These will be reviewed with your technician as to what product is best suited for your treatment protocol and your skin type.

Do not use exfoliation products or bleaching creams on treatment area 2 days before and 2-4 days after the treatment or until all pinkness in the treatment area has subsided.

It is essential to use Sun Block with SPF 60 or higher on a daily basis throughout the course of treatment. If you are receiving BBL pigment or vascular treatments, the treated area must be out of the sun for a minimum of 1 month. Failing to do so may result in serious burns to your skin. *Initial*

You should avoid direct sunbathing and the use of self-tanners and suntan booths during the course of treatment. **If these are not avoided and treatments are cancelled last minute, there will be a charge of \$25 per 15 minutes.** *Initial*

Applying makeup to the treated area is not advisable. Treatment cosmetics are the only recommended products to be used on your face after treatment. Your technician will educate you on this process.

You must apply your Post Laser (Treatment) Lotion, as recommended by UBL, 3-4 times daily for 3 days following each treatment.

You must not use hot water on the treatment area until all redness has subsided. To wash the treatment area, use tepid water and cleaner, which you should apply gently and in a circular motion with your finger-tips.

Although it is rare, if the treatment area appears to be forming a blister, you must contact UBL as soon as possible so the area can be evaluated and we can advise you on how to care for the treatment area.

You may experience dry skin and scabs following the treatment. Do not pick any scabs or dry skin that may appear as this may cause unwanted side effects such as darkening of skin and/or scarring. Instead, apply moisturizer or UBL's in house Organic Aloe to the treatment area as often as needed to help minimize dry effects.

If you must cancel or reschedule your appointment, please contact our office 24 hours in advance. A cancellation fee of \$50 per ½ hour of cancelled appointment time will be applied directly to your credit card. This is due to the high demand for treatment time. *Initial*

If you have any questions or concerns, please contact us as soon as possible at 604-696-5506. We look forward to seeing you at your next appointment.

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently. Failure to follow these instructions may result in extremely unsatisfactory results.

Guest Signature:

Date:

Staff Signature:

Date:



Guest:
 Technician:

Date:

SKIN REJUVENATION

Treatment		Package	Per Treatment
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Total	\$	\$	\$
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PRODUCT(S)

Treatment Total	\$
Product Total (tax incl)	\$
Need a little help (tax incl)	\$
Total Cost (tax incl)	\$

	\$
	\$
	\$
	\$
	\$
Total	\$

Gift Card, Coupon	\$
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Monthly Payment Options

First Payment	\$	\$	\$
Price Per Month	\$	\$	\$
How Many Months			

WWW.URBANBODYLASER.COM

Quotes are valid for 2 weeks

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