



## Urban Body Hair Removal

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

Facebook

Instagram

Google

Yelp

Referral:

The Peak

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? :

What skincare/makeup brands are you currently using? :

## URBAN BODY LASER

### Hair Removal Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**What method of hair removal have you used in the last 6 weeks?**

Tweezing    Electrolysis    Waxing    Sugaring    Shaving    Threading    Bleaching    Creams    Laser

**How often?** \_\_\_\_\_

**Would you describe your skin as sensitive?**

Yes    No

Are you currently/have you been using Accutane within 2 months of today's date?

If yes, when was your last treatment? \_\_\_\_\_

**Do you make Keloid scars?**

Yes    No

**Do you get cold sores?**

Yes    No

If yes, when was your last outbreak? \_\_\_\_\_

**Have you ever had Genital Herpes?**

Yes    No

**Do you have any allergies?**

Yes    No

If yes, please list: \_\_\_\_\_

**Do you have a family history of Hirtsuism?**

Yes    No

**Do you have any current skin infections?**

Yes    No

If yes, please list: \_\_\_\_\_

**Have you had microdermabrasion?**

Yes    No

**Do you have any medical conditions?**

Yes    No

If yes, please list: \_\_\_\_\_

**If FEMALE, please answer the following four questions:**

**Have you ever had your testosterone levels checked?**

Yes    No

**Are your periods regular?**

Yes    No

If no, have you had a Hysterectomy or gone through Menopause? \_\_\_\_\_

**Are you pregnant or attempting to get pregnant?**

Yes    No

**Have you ever been treated for a hormone imbalance?**

Yes    No

	0	1	2	3	4
What is your eye colour?	Light Blue, Grey or Green	Blue, Grey, or Green	Blue	Dark Brown	Brown or Black
What is your natural hair colour?	Sandy Red	Blonde	Chestnut/Dirty Blonde	Dark Brown	Black
What is your skin colour in non-exposed areas?	Reddish	Very Pale	Pale with Beige	Light Brown	Dark Brown
Do you have freckles in non-exposed areas?	Many	Several	Few	Incidental	None
What is your reaction to extended sun exposure?	Painful Blister	Burns/Peel	Burns/maybe peel	Rare burns	Never Burn
To what degree do you brown?	Hardly	Lightly	Reasonably	Tan Easily	Dark Brown
Do you brown within hours of exposure?	Hardly/Not at all	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem
When was your last sun/sun bed exposure?	3+ Months ago	2-3 Months ago	1-2 Months ago	-1 Month ago	-2 Weeks ago
Do you expose the treatment area to the sun?	Never	Hardly Ever	Sometimes	Often	Always

## URBAN BODY LASER (“UBL”) CONSENT FORM FOR LASER HAIR REMOVAL

This consent is designed to give \_\_\_\_\_ the information needed to make an informed decision to undergo Sciton Profile laser, BBL, LSD/ET treatment for hair removal with UBL. Although laser hair removal is quite effective, you require a series of treatments to reach the desired result. The hair often becomes thinner and lighter after each treatment. Please read this form and be sure you understand it completely before making your decision.

I clearly understand and accept the following:

**1. Consent:** I understand that UBL has four different systems used for their laser hair removal treatments. I, \_\_\_\_\_, give my Consultation Technician consent to apply the laser/light system that is best suited for my skin type and hair type. This will give me the opportunity to feel the sensation of the system that is best chosen for me.

Guest Signature:

Date:

**2. Interval Periods: (a) Body Parts: 7-11 weeks (chest, back, stomach, shoulders, armpits, hands, arms, buttocks, bikini/pubic area, legs, and feet); (b) Face and Neck: 5-9 weeks**

**3. Laser Hair Removal:** During laser hair removal, a laser produces a beam of highly concentrated light. Different types of lasers produce different colors of light. The color of light produced by a particular laser is the key to its effect on hair follicles. The light emitted by the Sciton Profile, BBL, LSD/ET device is absorbed by the pigment located in the hair follicle. The laser pulses for a fraction of a second, just long enough to vaporize the pigment, disabling several follicles at a time to eliminate or significantly impede the hair’s growth. During your initial visit you will be questioned thoroughly regarding your medical history. During treatment sessions a laser light will be applied to the hair areas. These areas may be photographed before each treatment. You must wear protective eyewear during the treatment to protect your eyes from the intense light.

**4. Results:** I understand that the goal of this treatment is improvement, not perfection. I understand there will be some hair left at the end of my treatments, and that UBL does not guarantee that all of my hair will be gone. The amount of hair that will remain will be relative to the energy or number of treatments I can tolerate, and the color, amount, and location of my hair. Average loss at the end of the consecutive sessions is 70-95% less hair. These percentages will vary more with clients who have lighter hair than black. These clients may require more treatments to receive these percentages. Up to 20% of the population does not respond to any laser or light treatments. This cannot be determined until after the second or third treatment. I understand that results can vary from vary person to person. I understand that if I request the Technician at any time to decrease the energy used during my treatment, it will affect my results in a negative way.

**5. Touch-ups:** If, in the sole discretion of UBL, it is determined that any part of the treated area was missed during treatment, it is in the sole discretion of UBL to determine if re-treatment will be provided. No re-treatment will be provided for hair that UBL determines, in its sole discretion, to be re-growth. There are certain systems we have where we need to avoid too much overlapping. In these cases, there may be some very small 'missed spots.' This is needed to ensure the safety of the treatment being performed. An excessive amount of overlapping could lead to complications.

**6. Risks and Complications: UBL does not guarantee pain-free treatments.** Individual responses to treatment with the Sciton Profile, BBL, LSD/ET device may vary.

**Pain and Discomfort:** With each treatment, the energy used will increase and this may result in increased pain or discomfort. Although the Sciton Profile, BBL, LSD/ET device has a “chill plate” which cools the skin and thereby decreases pain, and although it is very uncommon to feel extreme pain, some people do feel pain nonetheless. The following may also lead to an increase in pain or discomfort: hormonal changes, stress, lack of sleep, emotional instability. The amount of pain varies from person to person.

**Scarring:** Whenever there is any disruption of the skin surface a rare possibility exists of hypertrophy scars (enlarged scars), and keloid scars (abnormal, heavy raised scar formation) for those with a pre-disposition. To avoid the chance of scarring, it is important that you follow all pre and post-treatment instructions carefully.

**Blistering, Scabbing:** Should this occur you must contact our office immediately so that we can advise you and document the occurrence

**Other Side Effects:** Studies and experience with this technology have shown other potential complications and side effects, including: 10—20% chance of developing hypo and/or hyperpigmentation (discussed further in paragraph 7); freckles and brown spots may lighten and disappear; development of pimples; and redness and swelling. There are also

reports documenting the incidence of increased growth of facial hair on females, especially in the neck area, that may not disappear with further treatments.

**7. Pigment or Color Changes:** Some clients have a predisposition to this type of reaction (darkening of the skin) and may have experienced it with minor cuts or abrasions. To minimize the chances of skin darkening in the treated area, avoid sun tanning 1-2 weeks before and 1 week after treatment. The darkening usually fades away in 1-4 months on its own, although a topical bleaching agent would be proscribed for quicker results. Rarely, however, the dark area becomes permanent. In some clients, the treated are may become lighter in color than the surrounding skin. This lightened area will gradually fade away and return to normal over a period of 1-4 months. In some areas, however, lightening of the skin becomes permanent.

**8. Sun Tanning/Artificial Tanning:** I agree that I will not engage in direct sun tanning, tanning bed or booth tanning, or artificial product tanning 1-2 weeks before Sciton NDYAG Hair Removal treatments and 1 week after. **BBL, LSD/ET Hair Removal treatments is 4 weeks before (6 weeks if on Tropical vacation) and 1 week after treatment.** Intl.

**9. Health Conditions:** UBL laser hair removal is inadvisable for those with the following health conditions: pregnancy, accutane, epilepsy, or those who have a history of seizures, diabetes (we do not treat below elbows or below knees), chemo or radiation therapy, pacemaker, internal defibrillator, any internal 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. Use of photosensitizing medications may cause increased skin sensitivity to Sciton Profile treatment.

**10. Cold Sores or Genital Herpes:** I understand that if I have a history of cold sores or genital herpes I may require pre and post-treatment with anti-viral medications.

**11. Eye Exposure:** While there is a risk of inadvertent eye exposure to laser treatments, safeguards will be provided including the use of protective eyewear during treatment. It is important that these protective goggles are used at all times during the treatment.

**12. Fee:** I agree to pay the fee quoted and understand that all fees quoted are non-refundable.

**13. Photos:** I agree 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.

**14. Tweezing, Waxing, Etc.** I agree that I have not tweezed, waxed, threaded, or had electrolysis in the area of treatment for the past 4 weeks

**15. Medications:** I understand that my medication \_\_\_\_\_ which is known to be photosensitizing increases my chances of developing blisters. I am willing to accept that risk.

**16. Instructions:** I agree to follow the "Urban Body Laser ("UBL") Pre and Post-Treatment Instructions" provided to me.

**17. Cancellations:** If you must cancel or reschedule your appointment you must contact UBL's office at least 24 hours in advance (Mon-Fri) or 48 hours on holidays/weekends. Otherwise, a \$50 cancellation fee (per every 1/2 hour scheduled) will automatically be charged. Intl.

I acknowledge that a consultant with UBL has explained the process of Sciton Profile/BBL/LSD/ET laser hair removal to me and any risks involved, including possible complications and benefits. I understand the potential benefits and complications and willingly agree to undergo Sciton Profile/BBL/LSD/ET treatments to reduce my body hair.

I have been given the opportunity to ask any questions I may have and I have received satisfactory answers.

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

I certify that I have read this entire consent form and that I understand and agree to the information provided in this form, and that I have been given written pre and post-treatment instructions, which I will adhere to regarding laser hair removal. My signature acknowledges that I am informed.

Guest Signature:

Date/Time

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

Date/Time

Witness Signature:

Date/Time

Location:

## URBAN BODY LASER (“UBL”) PRE/POST – TREATMENT INSTRUCTIONS FOR LASER HAIR REMOVAL

No waxing, tweezing, coloring, bleaching or depilatories on the treatment area during the entire course of your treatments. Shaving or clipping is permitted as often as desired.

If the test patch used before the first treatment is painful, purchase a topical anesthetic (discussed below).

Shave the treatment area the day of your treatment unless instructed otherwise. If you cannot shave, we will shave the area for you at an additional charge (\$50 - \$80). Intl.

No direct sun tanning or tanning beds or artificial tanning product usage 1-2 weeks before and 1 week after for the NDYAG treatment. 1 month before or **6 weeks before if on a tropical Vacation** and 1 week after BBL, LSD and ET treatments.

Do not use on areas of hair removal: any exfoliation products, Retin A, topical antibiotic, topical acne preparation, topical rosacea preparation, glycolic, or amino acid 2 weeks before and 2-4 weeks after treatment.

If you have elected to use a topical anesthetic, apply it to skin in accordance with the product instructions 60 minutes before your scheduled appointment. We suggest 60 mins for Topicaine/ 15-20 mins Pure, which can be purchased without prescription.

Other than topical anesthetics, do not apply any creams or lotions on the area to be treated the day of treatment. Remove all creams, lotions, skin care products and all makeup prior to any treatment.

You ~~may~~ experience a sensation similar to a light sunburn or razor burn after a treatment. Though rare, a fine crust may develop on the treated area. In either instance, apply a cool compress along with UBL's in house Organic Aloe 3-4 x's a day until resolved. This may last 1-3 days.

Washing is permitted with a mild soap and tepid water. Never use hot water on freshly treated areas. Do not take baths or use a hot tub within the first 24 hours after treatment.

Avoid exercise or other activities which may cause sweating for 24 hours after treatment.

The hairs from treated follicles will gradually work themselves out. Please do not pick, rub, or scratch. Be patient, as the process can take up to 3-4 weeks. It is important to remember that the percentage of permanent hair loss per treatment is not noticeable. Any large amount of hair loss in a specific treatment is Stunted Hair.

If your skin should blister or break open, you must call our office so that we can arrange for an evaluation by our staff.

If itching occurs after treatment, Proderm hydrogel may be applied three times a day.

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

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:

**HAIR REMOVAL**

Treatment		Touch Ups For Life	Per Treatment
1.			
2.			
3.			
4.			
5.			
6.			
7.			

<b>Total</b>	\$	\$	\$
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**PRODUCT(S)**

<b>Treatment Total</b>	\$
<b>Product Total (tax incl)</b>	\$
<b>Need a little help (tax incl)</b>	\$
<b>Total Cost (tax incl)</b>	\$

	\$
	\$
	\$
	\$
	\$
<b>Total</b>	\$

<b>Gift Card, Coupon</b>	\$
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**Monthly Payment Options**

<b>First Payment</b>	\$	\$	\$
<b>Price Per Month</b>	\$	\$	\$
<b>How Many Months</b>			

[WWW.URBANBODYLASER.COM](http://WWW.URBANBODYLASER.COM)

Quotes are valid for 2 weeks

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