



LOOK YOUNG
ATLANTA

Name _____ Birthdate ____ / ____ / ____ Sex M / F
 Email _____ Phone _____
 Address _____ City _____ Zip _____
 Emergency Contact _____ Number _____
 Allergies _____
 How did you hear about Look Young Atlanta? _____

Please circle any past or current medical conditions:

Lupus / Auto-Immune Deficiency	Accutane Treatment	Diabetes
Pregnant	Keloid or Thick Scarring	Epilepsy
Bleeding Abnormalities	Herpes Simplex / Fever Blisters	Scars that turn white or brown
Dark Spots after Pregnancy	Psoriasis or Vitiligo	Leg Ulcer or Phlebitis
Blood Thinning	Rheumatoid Arthritis	Cystic Acne
HIV	Hepatitis	Waxing/Plucking in last 4 weeks
Hirsutism	Transplant Anti-rejection Drugs	Skin Cancer
Permanent Makeup	Surgical Implants	Metal Implants
Chemical Peels	Microdermabrasion	Laser Resurfacing or Facelift

Please list any past or current medical conditions that are not listed above:

Please list any medications or herbal supplements that you are currently taking, including topical medications:

Please circle any procedures about which you would like to receive more information:

Weight Loss/More Energy	Hormone Replacement Therapy	Laser Hair Removal
Botox/Fillers	Sun Damage Removal	Wrinkle Removal
Decreasing Pore Size	Decreasing Acne Scarring	Laser Vein Removal

By my signature below, I certify that the above medical information is true and accurate.

Signature

Date



LOOK YOUNG
ATLANTA

PATIENT CONSENT FORM
FOR LASER GENESIS SKIN THERAPY TREATING WARTS

I hereby authorize Look Young Atlanta or any delegated associates to perform Laser Genesis Non-Ablative Skin Therapy on me for the treatment of warts. I understand that this procedure works by targeting the chromophore in the vascular component of the wart. I understand that multiple treatments are required and it is possible the result will be minimal or not help at all.

I am aware of the following possible experiences/risks:

- DISCOMFORT – A slight warming sensation may be experienced during treatment.
- REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- WOUNDS – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- INFECTION – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office at 404 239 3911.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Possible alternative procedures such as topicals, microdermabrasion, or surgery
- Probability of success
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep Look Young Atlanta and staff informed should I become pregnant during the course of treatment. Photographic documentation will be taken. I hereby do ___do not___ authorize the use of my photographs for teaching purposes.

Arbitration and Dispute Settlement. Except for claims for injunctive or equitable relief, any dispute arising under this Agreement shall be finally settled in accordance with the Comprehensive Arbitration Rules of the Judicial Arbitration and Mediation Service, Inc. (“JAMS”) by an arbitrator appointed in accordance with such Rules. The arbitration shall take place in Atlanta, Georgia, in the English language, and the arbitral decision may be enforced in any court. The award rendered by the arbiter to the prevailing party in any action or proceeding to enforce this Agreement shall include costs of arbitration, reasonable attorneys’ fees and reasonable costs for expert and other witnesses, and any judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

ALL CLAIMS MUST BE BROUGHT IN THE PARTIES’ INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING, AND THE ARBITRATOR MAY NOT CONSOLIDATE MORE THAN ONE PERSON’S CLAIMS. YOU AGREE THAT, BY ENTERING INTO THESE TERMS, YOU AND LOOK YOUNG ATLANTA, LLC ARE EACH WAIVING THE RIGHT TO A TRIAL BY JURY OR TO PARTICIPATE IN A CLASS ACTION.

ACKNOWLEDGMENT

By my signature below, I certify that I have read and fully understand the contents of this permission form for Laser Genesis treatment, and that the disclosures referred to herein were made to me.

Signature

Date

Fitzpatrick Classification Questionnaire

SCORE		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
	What is the eye color?	Light blue, Gray, Green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black
	What is the color of sun unexposed skin areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	How many freckles on unexposed skin areas?	Many	Several	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 month ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
	TOTAL					

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI



Wart Removal Patient Guide

Laser Genesis is safe and effective for treatment of warts. Our Cutera laser will direct infrared light into the dermis below the skin, to target the vascular component of the wart.

Pre Treatment

Before treatment, avoid sun exposure for 48 hours as much as possible. While this is not imperative, it will help improve your results.

Skin should be clean and product free for your treatment.

During Treatment

Most laser genesis treatments for warts take between 5 and 15 minutes. Your treatment time will depend on the size of the area you are having treated. During your treatment you will feel a warm pulse on your skin. Let the technician know if you experience any discomfort.

What to expect afterwards

Immediate cooling of the treated area will help with any discomfort. You may apply an ointment of your choice and a nonstick dressing if desired for comfort.

Following treatment you should avoid sun exposure on the treated areas as much as possible for 48 hours.

Warts usually have a black or crusty appearance within 24 hours after treatment, and they usually slough off in 1-4 weeks.

Deep tissue injury and prolonged wound healing may occur. Treat any blisters as an open wound, and apply an ointment of your choice accordingly.

More than one treatment may be necessary. Multiple treatments should be scheduled 3-4 weeks apart.