Calm Laser Center Corporation
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Sherman Oaks, CA 91403
(818) 808-0010 · calmlasercenter.com

Laser Hair Removal

For your information – please read before your first visit. You will review and sign this form with us at the studio.

1 CLIENT INFORMATION

FULL NAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

EMERGENCY CONTACT (NAME & PHONE)

TREATMENT AREA(S)

2 HEALTH QUESTIONNAIRE

Are you pregnant, trying to become pregnant, or breastfeeding?	Yes ☐ No ☐
Have you taken isotretinoin (Accutane) in the last 6 months?	Yes ☐ No ☐
Are you taking any medication that makes your skin sensitive to light (e.g. certain antibiotics such as doxycycline or tetracycline, retinoids, St. John's wort)?	Yes ☐ No ☐
Have you had sun exposure, a tan, tanning bed use or self-tanner on the treatment area in the last 2 weeks?	Yes ☐ No ☐
Have you waxed, plucked, threaded or epilated the treatment area in the last 4 weeks?	Yes ☐ No ☐
Have you had a chemical peel, microdermabrasion or other laser treatment on the area in the last 2 weeks?	Yes ☐ No ☐
Do you have a history of keloids or raised scarring?	Yes ☐ No ☐
Do you have cold sores (herpes simplex), an active infection, open wounds or a rash in the treatment area?	Yes ☐ No ☐
Do you have a skin condition in the area (e.g. eczema, psoriasis, vitiligo, rosacea)?	Yes ☐ No ☐
Do you have tattoos, permanent makeup or unusual moles in the treatment area?	Yes ☐ No ☐
Do you have a history of skin cancer?	Yes ☐ No ☐
Do you have epilepsy or seizures triggered by light?	Yes ☐ No ☐
Do you have diabetes, a bleeding disorder, an immune disorder, or a hormonal condition (e.g. PCOS)?	Yes ☐ No ☐
Do you have any allergies (e.g. to topical numbing cream, lidocaine or latex)?	Yes ☐ No ☐

CURRENT MEDICATIONS & SUPPLEMENTS

IF YOU ANSWERED "YES" TO ANY QUESTION, OR THERE IS ANYTHING ELSE WE SHOULD KNOW, PLEASE EXPLAIN

Please tell us **before every session** if any of your answers change – for example a new medication, a pregnancy, a tan or recent sun exposure. Your information is kept confidential, stored securely and used only for your treatment and our records.

3 ABOUT THE TREATMENT

We use the **Candela GentleLase Pro-U**, a 755 nm alexandrite laser with Dynamic Cooling Device™ (DCD), which is suited to skin types I–IV. The laser targets the pigment in the hair follicle to reduce hair growth. Several sessions are needed, usually 4–6 weeks apart, because only hair in the active growth phase responds to each session. Your results depend on your skin type, hair color and thickness, hormones and the treatment area, and they vary from person to person. Laser hair removal **reduces** hair growth; complete or permanent removal of all hair cannot be guaranteed, and you may need occasional maintenance sessions. Very light, blond, red, gray or white hair responds poorly or not at all.

4 POSSIBLE SIDE EFFECTS & RISKS

Common and temporary (usually fade within hours to a few days):

- Redness, warmth and slight swelling, similar to a mild sunburn
- Small bumps around the hair follicles
- Itching, tenderness or a stinging sensation
- Skin that feels rough, dry or sensitive
- Shedding of treated hairs over 1–3 weeks

Less common or rare:

- Blistering, crusting or burns
- Darkening (hyperpigmentation) or lightening (hypopigmentation) of the skin – usually temporary, rarely permanent
- Inflammation of hair follicles (folliculitis) or infection
- Scarring or changes in skin texture
- Increased hair growth in or near the treated area (paradoxical hypertrichosis)
- Eye injury if protective eyewear is removed

5 BEFORE & AFTER YOUR TREATMENT

Before:

- Shave the area about 24 hours before your session
- No waxing, plucking or epilating for 4 weeks before
- Avoid sun, tanning beds and self-tanner for 2 weeks
- Arrive with clean skin – no lotion, deodorant or makeup on the area

After:

- Use SPF 30+ and avoid sun exposure and tanning
- Avoid hot showers, saunas, pools and intense exercise for 24–48 hours
- No scrubs, exfoliants, retinoids or waxing for at least 1 week
- Do not pick or scratch the skin; use a gentle moisturizer or aloe
- Contact us if you notice blisters, crusting or worsening pain

6 PAYMENT, DEPOSIT & CANCELLATION

- **Prices** are per session. They can change at any time. You pay the price that is valid on the day of your treatment.
- **Deposit:** when you book online, you pay **30% of the price** right away. This amount is part of the price – it is not an extra fee. You pay the rest at the studio on the day of your treatment.
- **Cancelling:** if a cancellation notice is received at least **24 hours** prior to the appointment, the deposit will be refunded. If you cancel or reschedule less than 24 hours before your appointment, or do not come, **we keep the deposit**.
- **No refunds after a treatment:** once a treatment session has been done, the money paid for it cannot be refunded. This also applies if your skin reacts afterwards (for example redness, swelling or rough skin).

7 ACKNOWLEDGMENT & CONSENT

Please read each statement and initial it to confirm. In this section, "I" means the client.

STATEMENT	INITIALS
The information I have given in this form is complete and true. I will inform Calm Laser Center of any changes before each session. I understand that incomplete or incorrect information can increase the risk of side effects.	
I have read and understood sections 3 to 6. The treatment, its expected results, possible side effects and alternatives (e.g. shaving, waxing, electrolysis) have been explained to me, and I had the opportunity to ask questions, which were answered to my satisfaction.	
I understand that results vary, that several sessions are needed and that no specific result is guaranteed.	
I will follow the before- and aftercare instructions and wear the protective eyewear provided during the entire treatment.	
I understand that Calm Laser Center may perform a test spot first and may postpone or decline a treatment if it is not suitable for me at that time.	
I understand the payment, deposit, cancellation and no-refund terms described in section 6.	
Assumption of risk and release. I voluntarily consent to laser hair removal and accept the risks described above. To the fullest extent permitted by law, I release Calm Laser Center Corporation, its owners and staff from liability for skin reactions, side effects and results that occur even though the treatment was performed properly, or that result from information I did not provide or from aftercare instructions I did not follow. This release does not apply to the extent the law does not permit it.	
This consent applies to my first and all following laser hair removal sessions at Calm Laser Center until I withdraw it in writing. I may withdraw my consent at any time.	
Photos (optional): I agree that before-and-after photos of the treatment area may be taken for my records. Use on the website or social media only without my face and only if I check here: ☐	

If any part of this form is found to be invalid or unenforceable, the remaining parts stay in full effect. This form is part of, and is read together with, the Terms of Service of Calm Laser Center.

8 SIGNATURES

CLIENT NAME (PRINT)	CLIENT SIGNATURE	DATE

PARENT / GUARDIAN (IF UNDER 18)	PARENT / GUARDIAN SIGNATURE	DATE

PROVIDER (NAME, RN/NP/PA/MD)	PROVIDER SIGNATURE	DATE