

WHELIHAN LASER
6801 Lake Worth Rd., Suite 100W
Greenacres, FL 33467
(561) 795-4507

Patient Medical History – Facial & Skin Treatments

Name: _____ How were you referred to us? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home or work: _____ Cell: _____ Cell carrier _____

Date of Birth: _____ Age _____ Sex: Female _____ Male _____

Email: _____

Is your family aware of this treatment? _____

How much time do you spend in the sun? _____

Do you go to a tanning booth? _____ How often? _____

Do you wear sunscreen? _____ How often? _____ SPF? _____

What products are you currently using on your face/body? _____

Have you ever had any laser treatment? _____ Specify: _____

Emergency Contact: _____ Phone: _____

Which body area/areas or condition would you like treated? _____

Please answer all of the following questions:

YES NO

1. Do you have **ANY** current or chronic medical illnesses? YES NO

Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, or any other condition or illness.

Please List: _____

2. Do you have **ANY** current or chronic skin conditions? YES NO

Also disclose any history of vitiligo, eczema, melasma, psoriasis, allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer, or any other skin condition.

Please List: _____

3. Are you currently under a doctor's care? If so, for what reason? YES NO

YES NO

- 4. Do you take/use **ANY** medications (prescriptions and nonprescriptions), vitamins, herbal or natural supplements, on a regular or daily basis? YES NO
Please List: _____

- 5. Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis? YES NO
Please List: _____

- 6. Do you take/use ANY systemic/oral steroids (e.g., prednisone, dexamethasone)? YES NO

- 7. Do you have **ANY** allergies to medications, foods, latex or other substances? YES NO
Please List: _____

- 8. (For women) are you or could you be pregnant? YES NO

- 9. (For women) are menstrual periods irregular, or have you ever been diagnosed with Polycystic Ovarian Disorder? YES NO

- 10. Do you have a history of herpes I or II in the area to be treated? YES NO

- 11. Do you have a history of keloid scarring or hypertrophic scar formation? YES NO

- 12. Do you have a history of light induced seizures? YES NO

- 13. Do you have any open sores or lesions? YES NO

- 14. Do you have any history of radiation therapy in the area to be treated? YES NO

- 15. In the last six (6) months, have you used any of the following: anticoagulants or blood-thinning medications; photosensitizing medications; or anti-inflammatory or blood thinning medications? YES NO
Please List product name and date last used: _____

- 16. In the last three (3) months, have you used any of the following products: glycolic acid or other alphahydroxy or betahydroxy acid products; exfoliating or resurfacing products or treatments? YES NO
Please List product name and date last used: _____

- 17. Do you have or have you ever had any permanent make-up, tattoos, implants, or fillers, including, but not limited to, collagen, autologous fat, Restylane[®], etc.? YES NO
If yes, please list locations on or in the body and dates: _____

- 18. Do you have or have you ever had any Botulinums, such as Botox[®] or Dysport[®]? YES NO
If yes, please list locations on or in the body and dates: _____

- 19. Have you taken Accutane[®] (or products containing isotretinoin) in the last 12 months? YES NO

- 20. Have you taken Tretinoin (like Retin-A[®], Renova[®]) in the last 6 months? YES NO

- 21. Have you had any unprotected sun exposure, used tanning creams (including sunless tanning lotions) or tanning beds or lamps in the last 4-6 weeks? YES NO

Signature: _____ Date: _____

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CONSENT FOR LASER/LIGHT-BASED TREATMENT

I authorize laser/pulsed light cosmetic skin treatments to be performed on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), wrinkles, (rhytides), furrows, fine lines, textural irregularities, nonablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Palomar Icon[®] Aesthetic System is a pulsed-light and laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. Anesthesia or sedation (calming medication) may be advisable for laser skin resurfacing treatments. If the practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment, all options and risks associated with the anesthetic will be discussed with me.
- The treated area may be red and swollen for two to twenty-four (2–24) hours or longer. Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn" like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure.
- I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment. There also is a chance of additional side effects like blanching and significant redness.
- With ablative laser treatments, there are additional risks of discomfort, focal areas of bleeding, bruising, poor healing, serous discharge, and infections. Serious but rare complications may include scarring, abscess, skin necrosis (dead skin), and injury to other internal structures including nerves, blood vessels, or muscles.
- An occlusive ointment may be used to cover the treated skin and keep it moist to avoid the skin drying out and being crusty or desquamated. Occlusion may exacerbate acne breakouts under the ointment.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.

CONSENT FOR LASER/LIGHT-BASED TREATMENT, CONTINUED

- I hereby consent to the administration of any anesthesia and sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications. I agree to update and inform the provider of any changes in medical history information prior to each treatment.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

Before and after-treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature: _____ Date _____

Print name: _____

Witness signature: _____ Date: _____

Print name: _____

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Patients of Dr. Whelihan, M.D.

“Under Florida law, Physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. DR. WHELIHAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against non-insured Physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law”.

Patient (or legal guardian) Signature

Date

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**Post Treatment Skin Care Instructions - Face & Skin Treatments
(Keep this page)**

PIGMENTED LESION & VASCULAR LESION POST TREATMENT GUIDELINES:

- A mild sunburn-like sensation is expected. This usually last 2 to 24 hours, but can persist up to 72 hours. Mild swelling and/or redness may accompany this, but it usually resolves in 2-3 days. Apply wrapped ice or gel packs to the treatment area for 10-15 minutes every hour for the next 4 hours, as needed. Never apply ice directly to skin. An oral, over-the-counter anti-inflammatory (ibuprofen such as Advil®) or an analgesic (acetaminophen such as Tylenol®) may be taken to reduce discomfort. Use medicine according to manufacturer's recommendations.
- Until redness has resolved, it is recommended to **avoid the following:**
 - Applying cosmetics to treated areas
 - Swimming, especially in pools with chemicals, such as chlorine
 - Hot tubs, Jacuzzis and saunas
 - Activities that cause excessive perspiration or any activity that may raise core body temperature
 - Sun exposure and tanning in treated areas. Apply an SPF 45 or greater sunscreen to prevent skin color changes.
 - Aggressive scrubbing and use of exfoliants on the treated area
- Bathe or shower as usual. Treated areas may be temperature-sensitive.
- Do not pick, remove or pull at darkened lesions as scarring may occur.

PIGMENTED LESION ADDITIONAL POST TREATMENT GUIDELINES:

- The lesion may initially look raised and/or darker with a reddened perimeter.
- The lesion will gradually turn darker over the next 24-48 hours. It may turn dark brown or even black.
- The lesion will progress to darkening and/or crusting and will start flaking off in an average of 7 to 21 days.
- The lesion is usually healed in 21 to 30 days. It will continue to fade over the next 6 to 8 weeks.

PIGMENTED LESION & VASCULAR LESION POSSIBLE SIDE EFFECTS:

- Prolonged itching, redness and blistering.
- Bruising, peeling, rash, lightening or darkening of skin color, ingrown hairs, crusting, swelling, infection and removal or lightening of freckles.
- Scarring
- Incidental hair removal in treated area.

Post treatment skin care instructions must be followed to prevent any complications. Please contact the office at 561-795-4507 with any questions or concerns regarding your treatment.

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NON-ABLATIVE FRACTIONAL LASER POST TREATMENT GUIDELINES:

- Application of cool gel packs and appropriate topical creams immediately following treatments can help alleviate post treatment itchiness and stinging that may occur.
- Edema (swelling) and sometimes blanching is expected immediately post treatment and generally resolves within 24-48 hours. It may last up to 3-5 days for some clients.
- Some clients may experience significant redness, broken capillaries and bronzing in the treatment area for approximately 1-3 days after treatment. This may persist in a mild form for several weeks, particularly in areas other than the face.
- To help remove debris and bronzing of skin that can appear 1-4 days after treatment, soak treated areas for 5-15 minutes with gauze or wash cloth wet with water. Then gently remove debris. Do not pick at or scrub the treated areas.
- Following a more aggressive treatment, it may be helpful to use some occlusive ointment on the skin after treatment during the healing process to help minimize trans-epidermal water loss which may result in significant desquamation or crusting.
- Gentle cleansing and use of non-irritating cosmetics are permitted after treatment. It is suggested that retinoids be discontinued 1-2 weeks prior to the initial treatment and throughout the course of treatment. The use of retinoids during the treatment course may result in undesirable side effects and prolonged healing.
- Those prone to acne outbreaks should avoid heavy makeup or moisturizers for 24 hours post treatment.
- As healing occurs, avoid injury and sun exposure for at least 2 weeks following treatments. It is highly recommended that clients use a sunscreen with SPF 45 or higher containing UVA/UVB protection between treatments, along with a sun blocker such as zinc oxide or titanium dioxide.
- Once the treatment area has healed, some itching or dryness may occur. This will gradually clear. The use of non-irritating moisturizers may provide some relief.
- For striae (stretch marks) treatments, it is recommended to avoid tight-fitting clothes around the treated areas for 3 months after the last laser treatment.
- Continue to use SPF 45 or higher up to 6 months following final treatment whenever you are outside.

NON-ABLATIVE FRACTIONAL LASER POSSIBLE SIDE EFFECTS:

- Risk of hyperpigmentation, hypopigmentation, burns, bruising or blistering, some of which may result in scarring.
- Risk of infection following treatment.

Post treatment skin care instructions must be followed to prevent any complications. Please contact the office at 561-795-4507 with any questions or concerns regarding your treatment.