

Queens Institute for Skin Disease and Anti-Aging
HEALTH DECLARATION + INFORMED CONSENT FORM

1. Personal Information:

Name:	Date of birth:
Tel./cell:	Sex:
Email:	
Address:	

2. Health questionnaire:

Existing or recent conditions	Details:
Hospitalization / surgery	Details:
Medications	Details:
Medicine intolerance	Details:
Previous aesthetic procedures in the treatment area	Details:

3. Please elaborate on what your expectations from the treatment are:

For example: "I want to remove hair from my legs" or "I want to get rid of my sunspots on my face".

4. Which of the following conditions applies to you?

- Under 18 years of age.
- Pacemaker, defibrillator, or any other implanted electronic device.
- Any other type of implants in the treatment area.
- Pregnant or nursing.
- History of cancer, especially skin cancer, or pre-malignant moles.
- Suspicious undiagnosed skin lesions.
- Diseases such as systemic lupus, erythematosus, porphyria, or epilepsy that may be stimulated by light, or a history of such diseases.
- Diseases stimulated by heat, such as recurrent Herpes Simplex (these areas may be treated only following a prophylactic regime).
- Impaired immune system due to immunosuppressive diseases of any kind.
- Use of immunosuppressive medications. Please specify: _____
- Poorly controlled endocrine disorders, such as thyroid dysfunction, PCOS, uncontrolled diabetes, or any other condition that might impair hormonal balance.
- History of skin disorders, keloids, or abnormal wound healing.
- History of abnormal bleeding, thrombosis, or coagulopathy.
- Use of anticoagulants. Please specify: _____
- Any surgical procedure in the treatment area within the last 3 months or that is not completely healed.
- Any kind of wrinkle-filling/Botulinum toxin procedures within the last three months. Treatment should

not be performed on permanent fillers.

- Any active condition such as sores, psoriasis, eczema, or rash in the treatment area.
- Use of medications and herbs known to induce photosensitivity, such as Isotretinoin (Accutane) within the last 6 months, tetracyclines, or St. John's Wort within the last 2 weeks.
- Laser resurfacing, micro-needling, or deep chemical peeling in the treatment area within the last 3 months.
- Tattoo or permanent makeup in the treatment area.
- Very dry or fragile skin.
- Excessively tanned skin from sun, tanning beds or tanning creams within the last 4 weeks.
- COVID-19 symptoms.
- Any other condition that is not specified above and may make the treatment unsafe (as per practitioner's discretion). Please specify: _____
- None of the above.

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND
AND ACCEPT ALL PROVISIONS MENTIONED IN THIS DOCUMENT

5. About the Alpha treatments

The Alpha treatments are based on Laser and IPL (Intense Pulsed Light) technologies. Laser and IPL are common phototherapy procedures which are used for a wide range of treatment indications, including hair reduction, pigmentation reduction, general skin rejuvenation, reduction of vascular lesions, acne reduction, and more.

These procedures involve the application of concentrated light energy pulses onto the skin. The light energy is absorbed by different components within the tissue and converted into thermal energy. The heat that is generated during the procedure can damage the target without harming the surrounding healthy skin and can therefore reduce the appearance of the lesion/s.

Since the treatment is based on generating heat within the skin, some mild to moderate discomfort is expected during the treatment. Local erythema (redness) and edema (swelling) are common and expected reactions immediately after the treatment, and should resolve spontaneously within a few hours.

6. About the healing process

The skin begins to heal itself by using its natural repairing mechanisms as soon as the treatment ends. It is important to allow the skin to heal without interference, and avoid any activity which may impair the healing process between treatment sessions. During healing, some skin crusts and scabs are expected to

form as the skin works to expel damaged tissue and replace it with new, fresh skin. Do not scratch the scabs! The scabs are expected to peel-off naturally within a few weeks.

7. Post-treatment instructions

To alleviate discomfort immediately after the treatment, a cold compress may be applied onto the treatment area, followed by lenitive cream with soothing properties authorized by the treating clinician.

For the first 48 hours after the treatment, avoid sun/UV exposure, hot showers, hot tubs, saunas, intensive exercise, swimming, restrictive clothing which may cause friction with the treatment area, and avoid any perfume, lotion, or other skincare products which are not authorized by the treating clinician.

Throughout and even after the treatment protocol, you should avoid sun/UV exposure, unauthorized skincare, and any unnecessary contact with the treatment area. Apply high-potency sunscreen as needed. Ask your treating clinician for a detailed aftercare plan, including recommendations for sunscreen, and follow it closely to maximize treatment results and minimize the risk of complications.

8. Possible side-effects

Complications and prolonged side-effects following Alpha treatments are rare, but possible. These may include:

- Excessive irritation, redness, or swelling for about 2-3 days after the treatment.
- Change in pigmentation which could last for a few months (more common with darker skin tones).
- Breakouts such as acne and cold sores.
- Allergic reaction such as hives.
- Folliculitis (inflammation in the hair follicle).
- Blisters, superficial burns, and scarring (exceedingly rare).

9. Please initial each of the statements below

- I fully understand the nature and purpose of the Alpha Laser/IPL treatments, the post-treatment regimen, healing process, and possible side-effects. My questions/concerns regarding this procedure have all been answered to my satisfaction. (_____)
- The list of contraindications has been explained to me, and my medical condition and history were reviewed by the treating clinician. (_____)
- I understand that I might feel some discomfort and heat sensation during the treatment, which are expected to fade within a few hours after the treatment. (_____)
- I understand that I must wear protective eyewear during the treatment and follow all safety instructions provided to me by the treating clinician. (_____)
- I understand that my skin may appear reddish and swollen for a few hours after the treatment, and that scabs may later appear on the treated area as part of the healing process. (_____)

- I understand the possible side-effects and possible complications of the Alpha treatments. (_____)
- I understand that Alpha treatments require me to follow a post-treatment regimen to minimize risk of side effects and complications. I was instructed to avoid touching the treated area and to only apply authorized skincare and sunscreen according to the instructions of the treating clinician. (_____)
- I understand that multiple treatments are usually required to achieve satisfactory results, and that periodic maintenance treatments may also be required. (_____)
- I understand that the results and number of treatments required can vary between people, depending on several factors including treatment indication, area, skin color, hair color, age, gender, genetics, etc. (_____)
- I understand there are no guarantees as to the results of the treatment. (_____)
- I give my permission to photograph the treatment site for diagnostic and research purposes and to enhance the medical record. I agree that these photographs will remain the clinic's property. I further authorize the clinic to use these photographs for marketing and research purposes. It is specifically understood that in any such publication or use, I shall not be identifiable. (_____)
- In any case of unexpected reaction, I was advised to contact _____ at phone number _____, in addition to my medical care provider. (_____)

I hereby declare my consent for Alpha Laser/IPL treatments, as described in this document. I confirm that I have read and understand the above information and agree to undergo the treatment of my own free will. I further confirm that I do not suffer from any of the above-described conditions and that all the information I provided is accurate. I have had the opportunity to consider the following information, ask questions and have had these answered satisfactorily by _____ (treating clinician).

	Full name	Signature	Date
Client			
Clinician			