

INFORMED CONSENT- ELECTROLYSIS HAIR REMOVAL TREATMENT

Informed Consent Instructions: This is an informed consent document to provide written information about the above named procedure regarding risks, benefits, and alternatives. It is important that you understand the information provided to you prior to proceeding with this procedure; please ask your healthcare professional any/all questions prior to signing this consent form.

I read, write, and understand English. Initials: _____

I, _____, do understand that I will undergo **Electrolysis Hair Removal Treatment** in the area(s) listed below to be performed by: Julia's Electrolysis & Laser to permanently remove unwanted body hair in treatment areas. Electrolysis hair removal results will vary, but may include: long term or permanent reduction of visible hair growth in treatment areas. Electrolysis requires multiple treatments; number of treatments varies by individual hair composition and hair growth cycles. Treatments may be needed every 7-15 days to achieve desired results. Most patients can expect to see noticeable results in treatment areas within 3 months; it may take up to 12-18 months of treatments to achieve permanent results in treatment areas due to natural hair growth cycles.

Provider Use:

Treatment Location(s): _____

Purpose of Treatment and General Information:

Electrolysis treatment is FDA approved for permanent hair removal. During electrolysis, a very fine probe is inserted into each hair follicle, activating a current that passes through the needle to the hair root, destroying the papilla (the vascular process of connective tissue nourishing the root of the hair). Method of papilla destruction varies by electrolysis machine, but includes: direct electrical current (Galvanic), short wave radio frequency current (Thermolysis), or a combination of Galvanic and Thermolysis currents (Blend). The currents delivered to the hair follicle cauterize the papilla, which should prevent each treated follicle from producing hair. Natural hair growth occurs in cycles with an active and dormant phase. Electrolysis only affects hair follicles/papilla in the active phase, leaving the dormant follicles unaffected. Due to this natural hair growth cycle, a series of multiple treatments are required to see optimal results. Number of treatments required will vary based on a variety of patient factors.

What To Expect During Treatment: Your treatment provider will begin by ensuring treatment areas are clean and free of make-up or other creams. If you requested a local or topical anesthetic, it will be applied prior to the start of treatment and allowed time to set in prior to beginning treatment. The electrolysis probe will be inserted into each active hair follicle to be treated and will deliver an electric or short wave RF current for 0.05-0.20 seconds; after application of the current, the treated hair will be tweezed/plucked out. **Duration of each treatment** is dependent upon treatment location but generally lasts between 15-60 minutes. **You may experience** discomfort, warmth, tingling, or stinging sensation during treatment. Redness and mild swelling is a common side effect of treatment and can last hours to days. There is **no expected downtime** with Laser Hair Reduction treatment. **Multiple treatments may be needed** to achieve desired results depending on hair color, hair texture, and natural hair growth cycles; maintenance treatments may be necessary to maintain desired results in some patients with untreated hormone disorders.

I understand the general treatment goal is permanent hair removal and that repeated treatments will be necessary in order to achieve/maintain desired results. Initials: _____

Alternative Treatments:

Alternative forms of non-surgical treatment consist of: No treatment whatsoever, laser hair reduction, shaving, waxing, threading, plucking, sugaring, topical based hair removal creams, and other laser assisted treatments.

Alternative Treatments, continued:

Every procedure will involve a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your treatment provider in order to make an informed decision.

It has been explained to me that alternative treatments are available. Initials: _____

Possible Risks and Side Effects:

The possible side effects and risks of Electrolysis Hair Removal Treatment include, but are not limited to:

- 1. General Side Effects:** I understand there is a risk of temporary discomfort at treatment site, including, but not limited to: irritation, tightness, redness, stinging, and tingling. Allergic reaction or irritation of the skin may occur.
- 2. Infection and/or Folliculitis/Ingrown Hairs:** Although rare, if an infection occurs as a result of treatment, additional treatment including antibiotics, steroid creams/ injections, or an additional procedure may be necessary. Ingrown hairs or folliculitis may occur if the hair follicle becomes damaged, rather than destroyed. Herpes Simplex and/or Varicella Zoster virus activation and infection can occur following treatment; if you have a history of cold sores, herpes, or zoster (shingles), please notify your provider prior to laser treatment for prophylaxis regimen.
- 3. Sensitivity, Redness, Itching, Tingling, and Warmth:** All treated areas may experience a sunburn or windburn sensation for 12-72 hours or longer. Redness of the treated area is common and may occur but typically resolves within 48 hours. Skin may also feel sensitive, warm, tingly, and itchy for 12-72 hours. Cool compresses and topical hydrocortisone can help reduce mild discomfort.
- 4. Swelling and Bruising:** You may experience minor swelling of the skin immediately after treatment. Swelling typically resolves within 12-48 hours and can be managed with cold-pack application. Bruising may also occur.
- 5. Discomfort or Pain:** You may experience some minor discomfort or pain during and after your treatment.
- 6. Burns or Blistering of Skin:** On rare occasions, your skin may become overheated from exposure to laser, resulting in blistering or burning of the skin. Additional treatment including antibiotics, additional medical care, or an additional procedure may be necessary at your expense.
- 7. Allergic Reactions and/or Contact Dermatitis:** Allergies and/or sensitivities to any of the ingredients used during treatment may occur. It is important you disclose to your treatment provider any known- or possible- allergies or sensitivities to foods, medications, preservatives, latex, devices, creams, etc. If you experience an allergic reaction, you may require additional treatment. Potential increased sensitivity, irritation/itching, or allergic reaction of the skin due to skin surface disruption may occur.
- 8. Hyperpigmentation/Hypopigmentation/Skin Discoloration:** Transient hyperpigmentation or hypopigmentation is possible in certain skin types and skin conditions. Pigmentation changes typically resolve within 1-2 weeks, but on rare occasions, may last up to 6 months or become permanent. Unprotected sun exposure in the weeks following treatments are contraindicated as it may cause pigmentation changes or adverse outcomes.
- 9. Scarring:** Although rare, scarring (normal, hypertrophic, and keloid) may occur as a result of disruption of the skin surface and/or dermis injury. Please follow post-treatment skin care instructions to help reduce possibility of scarring.
- 10. Sun Exposure/Tanning Creams:** Sun exposure or use of tanning lamps or self-tanning creams may increase risk of complications. Always use sun protection when exposed to the sun and adhere to pre/post treatment advisement.

This list is not meant to be inclusive of all possible risks associated with Electrolysis Hair Removal treatments, as there are both known- and unknown- side effects associated with any medication or procedure.

I have read and understand possible risks, side effects, and complications. Initials: _____

No Guarantee of Permanent Results or Number of Treatments to Produce Desired Results

Certain conditions, including untreated/unmanaged hormonal disorders, can affect treatment outcomes, number of required treatments, and treatment effectiveness. It is not possible to provide a definitive number of treatments required to produce desired results; all treatment plans are an estimate and subject to change. There is a small percentage of the population that sees little to no results with electrolysis.

I have read and understand electrolysis treatment is not guaranteed to produce permanent results; number of treatments required to produce desired results varies; treatment plan is an estimate. Initials: _____

Contraindications To Treatment:

Electrolysis Hair Removal is not recommended for those who:

- are under 16 years of age
- have used isotretinoin (Accutane) or similar medications within the last twelve months
- have an active sunburn, windburn, open wounds, warts, or skin infection
- have had a wax treatment, plucking, or depilatory treatment in the last 4-6 weeks or shaved within last 2-4 weeks
- have had a light chemical peel in the last 1-2 weeks or have had a medium or deep chemical peel in the last 2-3 months (skin should be fully healed prior to undergoing IPL treatment with no sign of redness or inflammation)
- have active cold sores, bacterial infection, fungal infection, active acne, or rashes in treatment area
- have malignancies or suspected malignancies of the skin or had radiation/chemotherapy within the last year
- are pregnant or breastfeeding
- are taking anti-coagulants or have blood clotting disorders or have uncontrolled hypertension
- have an autoimmune disease that may cause delayed or impaired wound healing or excessive inflammatory response, including: HIV/AIDs, hepatitis, lupus, uncontrolled diabetes, etc.
- have an untreated or poorly managed hormone imbalance
- have psoriasis, eczema, acne, or dermatitis in treatment area
- history of vitiligo, keloidal scarring, hypertrophic scarring, excessive telangiectasia, varicose veins in treatment area, or scleroderma
- have recent wound healing or had recent surgery in treatment area (all scars must be fully healed)
- have epilepsy or sensitivity to pulses of lights
- have an implanted electronic device, i.e. defibrillator, pacemaker, or cochlear implant
- have metal screws or pins, birth control implant, permanent makeup, tattoos less than 12 months old, or skin graft at or near treatment area
- have loss of tactile sensation or nerve damage in treatment area, including neuropathy

I have read and understand the contraindications to treatment and affirm that I do not have any of the aforementioned conditions and have disclosed pertinent medical history to my treatment provider: Initials: _____

Pre- Treatment Care Acknowledgement:

I affirm that I have been provided Pre-Treatment Advisement prior to my appointment and have:

- disclosed all medical history and medications/herbals/topicals/etc. to my treatment provider
- discontinued use of St. John's Wort, NSAIDs, Anti-Coagulants, and Aspirin 1 week prior to treatment (with guidance of prescribing physician)
- discontinued use of any isotretinoin products, including Accutane and Retin-A for the past 6 months
- refrained from depilatory, hair plucking, and/or wax treatments for 4-6 weeks
- have allowed hair to grow in treatment area to 1/8-1/4 inch (or 3mm)
- waited 2 weeks after light chemical peel; 4-12 weeks after medium or deep chemical peel depending on healing
- refrained from tanning 2-5 days prior to treatment and avoided alcohol and caffeine past 24 hours
- have come to my appointment with clean skin free of creams, deoderants, makeup, etc.

I have read and followed pre-treatment advisement and care instructions: Initials: _____

Post- Treatment Care Acknowledgement:

I affirm that I have been provided Post-Treatment Care Instructions and Advisement and agree to adhere to all guidelines to help ensure optimal results and to reduce risk of adverse outcomes. Initials: _____

Financial Responsibility Acknowledgement:

I acknowledge that I have been informed about the risks and treatment limitations associated with Electrolysis Hair Removal Treatment. I accept full financial responsibility for this treatment and agree to pay the service fee in full. **I understand that treatment outcomes are not guaranteed and there are no refunds or account credits granted for this service in the event I am not satisfied with the treatment outcome or results.**

Patient Name (Print)

Patient Signature

Date

Electrolysis Hair Removal Treatment Consent:

By signing below, I acknowledge and agree:

- I have fully disclosed on my client intake form and during face-to-face consultation with treatment provider any and all medications, previous complications, planned or previous surgeries, sensitivities, allergies, or current conditions that may, or may not, affect my treatment.
- I have read the foregoing informed consent for Electrolysis Hair Removal Treatments; I agree to the treatment and all known and unknown associated risks.
- **I acknowledge that no guarantee of outcome or results or warranty of results has been given by anyone involved in my treatment or care as to the results that may be achieved. I understand that any failure to obtain desired treatment results will not result in a refund or account credit of any kind.**
- I have received and will follow all aftercare instructions as it is crucial to do so for good healing and to minimize the risk of complications.
- I consent to the photographing of the procedure(s) to be performed, including appropriate portions of my body for **insurance, medical, scientific, or educational purposes**, (does not include promotional or advertising consent) provided that my identity is not revealed by the pictures.
- For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
- For women of childbearing age: by signing below I confirm that I am **not pregnant** and do not intend to become pregnant anytime during the course of this treatment and that I am not breastfeeding. Furthermore, I agree to keep my treatment provider informed should I become pregnant during the course of this treatment.
- It has been explained to me in a way that I understand:
 - The above treatment or procedure to be undertaken.
 - There may be alternative procedures or methods or treatments.
 - There are risks, known and unknown, to the procedure or treatment proposed.
- I have had ample opportunity to ask any questions regarding laser treatment, side effects and after care, and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.

I hereby give consent to perform this, and all subsequent Electrolysis Hair Removal Treatments, with all aforementioned understood by me. I hereby release the overseeing clinic physician, the person performing the subsequent Electrolysis Hair Removal Treatments, and the clinic facility from liability associated with this treatment.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date

Model Release:

In consideration for treatment received, I hereby grant permission to the individual or company that provided my treatment to use any photographic treatment records for the purposes of advertising or promotion (including, but not limited to: social media, print ads, online publications, websites, etc,without any additional compensation to me.

Yes, I consent to using my before/after photos as described above without concealing my identity.

Yes, I consent to using my before/after photos as described, showing **Treatment Area Only**. Please conceal my identity.

No, please do not use my photos for any promotional or advertising purposes.

Patient Name (Print)

Patient Signature

Date

CLIENT ACKNOWLEDGEMENT AND RELEASE

Treatment Liability Waiver

I acknowledge that aesthetic treatments, the practice of skin care, and various other aesthetic procedures are not an exact science and no specific guarantees can, or have been made, concerning the outcome. This acknowledgement applies to the current treatment and all other aesthetic treatments, which include, but are not limited to: microdermabrasion, waxing, electrolysis, facial toning, body treatments, laser treatments, brown spot removal, Botulinum Toxin (A) injections, Collagen, Dermal Fillers, non-surgical chin and body fat cell treatments, Sclerotherapy, Mesotherapy, and Dermaplaning.

I further understand that some clients experience more change and improvement than others. In nearly all cases, multiple treatments are required to achieve desired results or see a difference in appearance. I understand that response to treatment varies on an individual basis and that specific results are not guaranteed.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, and bleeding. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

Covid-19 and Communicable Diseases

Acceptance of Risk; Release; Indemnification. I am fully aware that there are a number of risks associated with me entering on the Julias' Electrolysis & Laser property related to Covid-19 and other communicable diseases under the circumstances of receiving treatments, including without limitation: (a) I could contract COVID-19 or other communicable and seasonal diseases such as the flu or common cold, which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and (b) I will be subject to normal risks associated with general exposure to viruses and other communicable diseases.

By signing below, I acknowledge and agree:

I have carefully read the information on this page and understand that I may be giving up some important legal rights by signing.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date

ELECTROLYSIS HAIR REMOVAL AFTERCARE INSTRUCTIONS

Do NOT:

- 1. DO NOT** pick, rub, or scratch treated areas; do not pick at any scab formations. Treatment of ingrown hairs may create a scab-like covering. Do not pick at any scabbing or flaking areas, which may cause infection or scarring. Refrain from irritating follicles through friction or rubbing and avoid touching treated area to minimize risk of infection.
- 2. Do NOT** have dermaplaning, chemical peels, hydrafacials, or laser in treatment area for 1-2 weeks after treatment or until skin is completely healed and redness subsides.
- 3. Do NOT** engage in strenuous exercise that can cause excess perspiration, increased body temperature, or exposure to irritants including: swimming pools (especially chlorinated), ocean swimming, jacuzzi, sauna, steam bath for 48 hours (or longer if inflammation/swelling is present).
- 4. Do NOT** use AHAs/BHAs, toners, glycolics, tretinoin, salicylic acids, vitamin C products, Retin-A, or other scrubs/exfoliating agents on your face for the first 7-10 days.
- 5. Do NOT** remove hair from treatment area between treatments. Absolutely **No waxing, depilatory, threading, tweezing** unless otherwise directed by provider. Shaving *may* be permitted by provider.
- 6. Do NOT** apply makeup, perfumes, or deodorant to treatment area for 24 hours (or longer if inflammation or irritation is present). Makeup used in treatment area should be purchased within the last 90 days. New sponge applicators and clean brushes should be used to avoid infection.

Please DO:

1. Stay hydrated to promote the healing process; apply moisturizing cream as directed.
2. Gently wash the treated area daily with cool water and *gentle* cleanser and pat to dry for 1-3 days.
3. Apply aloe vera gel to your skin to help alleviate excessive warmth or irritation.
4. Understand it is not uncommon to experience the following for the next 1-3 days: redness, warmth, mild inflammation, mild swelling, and slight irritation. **If you experience blistering, development of whiteheads, increase in pain, or increasing redness please call the office for a follow-up.**
5. Use Acetaminophen and/or apply a cool compress as needed for mild discomfort.
6. Avoid prolonged exposure to sunlight/heat/UV for the first 1-2 weeks; use SPF 40 sunscreen daily on treatment area(s) as soon as inflammation has subsided. Hyperpigmentation and/or skin damage may occur as a result of sun exposure during healing.
7. Avoid blood thinning medication (Aspirin, Ibuprofen) and alcohol for 48-72 hours after treatment.

Important Info:

- Expect to feel a sunburn/windburn like feeling, including: redness, warmth, mild inflammation, and/or swelling and tingling for 1-3 days after treatment. This is a normal reaction to electrolysis treatment.
 - **If you experience skin blistering, development of whiteheads, or increasing redness, irritation, or inflammation, please call the office for advisement.**
- Results will vary between each person; it may take 3 months to begin seeing noticeable results due to natural hair growth cycles.
- A series of treatments every 7-15 days over 12-18 months is recommended for *most* clients but is dependent upon each person's hair quality and desired treatment outcomes.

Your Next Appointment Is:

M T W T H F S S U

Day (circle one)

Date

Time

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For questions or concerns during office hours, please call:902-877-8250