

The Spa At
M E C C A
New Patient Information

Name: _____ Birth Date: _____ Age: _____
Address: _____ Sex: M / F
City: _____ State: _____ Zip Code: _____
Home: _____ Cell: _____ Cell Provider: _____
E-Mail: _____
Emergency Contact: _____ Telephone: _____
Allergies: _____
How did you hear about The Spa at Mecca? _____

Please put a check mark next to the procedures which you would like to receive more information:

- | | |
|---|---|
| <input type="checkbox"/> Acne Treatment | <input type="checkbox"/> Brown Spots |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Sun Damage |
| <input type="checkbox"/> Enhanced Skin Rejuvenation | <input type="checkbox"/> Broken Capillaries |
| <input type="checkbox"/> Collagen Augmentation | <input type="checkbox"/> Spider Veins/Leg Veins |
| <input type="checkbox"/> Wrinkles | <input type="checkbox"/> Hair Reduction |
| <input type="checkbox"/> Skin Toning or Pore Size Reduction | <input type="checkbox"/> Shaving bumps/ingrown hair |
| <input type="checkbox"/> Facial Redness | |

Please put a check mark next to a past or current medical condition:

- | | |
|--|---|
| <input type="checkbox"/> Lupus or other auto-immune deficiency | <input type="checkbox"/> Pulmonary embolism/blood clot |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Leg ulcer or Phelbitis |
| <input type="checkbox"/> Bleeding abnormalities | <input type="checkbox"/> Blood thinning medication |
| <input type="checkbox"/> Treatment with Accutane in the last year | <input type="checkbox"/> Coumadin anti-clotting agents |
| <input type="checkbox"/> Treatment with Tetracycline in the past month | <input type="checkbox"/> Rheumatoid Arthritis "Gold" Therapy |
| <input type="checkbox"/> Keloid or very thick scarring | <input type="checkbox"/> Cystic Acne |
| <input type="checkbox"/> Psoriasis or Vitiligo | <input type="checkbox"/> Herpes simplex or fever blisters |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Scars that turn white or brown | <input type="checkbox"/> Waxing/Plucking/Electrolysis within the last four weeks |
| <input type="checkbox"/> Dark spots after pregnancy, skin injury | <input type="checkbox"/> Hirsutism |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Transplant Anti-Rejection Drugs |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift |

Please list any medication or herbal supplements that you are currently taking:

Patient Signature: _____ Date: _____



Pre – Procedural Instructions Laser Hair Removal Treatments

- No retinols 1 week prior
- No sun exposure
- No Accutane 6 months prior
- No Doxycycline / Tetracycline 1 month prior
- Shave area prior to treatment (day of)
- Please take picture of area prior to shaving



Velocity Laser Hair Removal Informed Consent Booklet

INSTRUCTIONS

This Informed Consent Booklet has been prepared by our doctors to help inform you about the potential benefits, associated risks and alternatives of the Velocity Laser (Hair Removal) Treatment.

During your consultation and medical assessment, the physician will have reviewed with you the potential benefits, associated risks and alternatives of the Velocity Laser that are outlined in this booklet. They will have also provide you with answers to any and all questions you may have had about the procedure.

It is important that you read the information contained in this booklet carefully and completely. Only when all of your questions and concerns about the procedures have been addressed should you then initial each page, indicating that you have read and fully understood all of the items that this booklet discusses. When you reach the end of the booklet, please sign the consent for the procedure as proposed by the doctor. If you have any remaining questions or concerns about the potential benefits, associated risks or alternatives of the Velocity, do not initial any pages or sign the consent without speaking with the doctor.

INTRODUCTION

Velocity Laser (Hair Removal) Treatments are advanced, proven, high-tech hair removal procedures. Published studies indicate that Laser Treatments can significantly reduce the appearance of unwanted hair with very little maintenance.

Velocity Laser treatment consists of directing laser energy at the skin. The energy disables the growth center of the hair, called the hair follicle. This is possible through a process of "selective photothermolysis", whereby the energy injures only those tissues around the target, which is absorbed by it. At the base of the hair follicle and hair shaft are pigmented cells. The light emitted from the laser has a specific energy level and lasts a specific duration such that it's absorption is maximized by the pigment in the hair follicle. When the energy is absorbed, the heat released is sufficient to disable the hair follicle, which interrupts its ability to produce a hair shaft (selective photothermolysis). While delivering the energy to the hair follicle, it is important to cool the skin to avoid injury. An advanced cooling crystal is integrated in the applicator to ensure comfort and safety.

Following Velocity Laser (Hair Removal) treatments, there may be a minor degree of redness and puffiness to the skin, with some tingling discomfort that usually disappears within 1 hour to 2 days. You may apply makeup, body lotion and sunscreen immediately and return to your regular daily activities with no "downtime". It is advisable to avoid hot showers, saunas or excessive sweating for a few hours post treatment to avoid irritation. *It is highly recommended you discuss a maintenance program to maintain the cosmetic improvements you obtain with your Velocity Laser treatments.*

Before beginning a Velocity Laser treatment program you must first attend an Assessment and Information consultation with a Treatment Professional, during which your skin type, hair concerns, expectations and goals will be assessed and discussed. The Treatment Professional will work with you to select the best treatment or combination of treatments for your unwanted hair concerns, expectations and aesthetic goals. The estimated duration and cost of each session or series of sessions will also be provided to you. If you are a candidate, you may schedule your treatments and test spots at the time of this initial consultation.

POTENTIAL BENEFITS OF VELOCITY LASER HAIR REMOVAL TREATMENTS

The most obvious potential benefits are a long term reduction of unwanted hair.

Patient Initials: _____ Date: _____

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RISKS ASSOCIATED WITH VELOCITY LASER HAIR REMOVAL TREATMENTS

Although the vast majority of Velocity Laser (Hair Removal) treatment clients never experience any of these complications, you should discuss each of them with a Treatment Professional to ensure you fully understand the alternatives, risks, potential complications and average outcomes of Velocity treatments.

Discomfort: The Velocity Laser (Hair Removal) treatments are very well tolerated in-office treatments. Client comfort may be optimized with the use of a topical anesthetic cream and a skin chiller, but the integrated parallel cooling tip on the Velocity applicator often provides an acceptable level of comfort during the procedure. With these treatments you may experience a minor and tolerable degree of heat and/or tingling discomfort with each treatment, especially when many active hair follicles are present.

Skin Wound: It is exceedingly rare for Velocity Laser (Hair Removal) treatments to cause a burn, blister or skin irritation/wound. This is more of a risk in darker or tanned skin types. If a burn, blister or skin wound develops it may take 5-10 days to heal, and, in extremely rare instances, may leave a noticeable whitening or darkening of the skin or, even more rarely, a scar. Burns, blisters or skin wounds are much more common if you do not follow the recommended use of sunscreen and avoidance of sunlight, self tanners, UV light and fluorescent light exposure after treatment.

Scarring: Occurs less than 0.1%. If you have developed a wound and a scar, the scar may end up being flat and white (hypotrophic), large and red (hypertrophic) or extend beyond the margins of the injury (keloid). Subsequent treatment or surgery may be required to improve the appearance of the scar. The scar may be permanent. Not following pre and post treatment instructions may increase the likelihood of a skin wound or scar.

Pigment Change: With the laser energy used in Velocity (Hair Removal) treatments, there is a small risk of <1% of temporary hyperpigmentation (increased pigment or brown discoloration) or hypopigmentation (whitening of the skin). Usually these pigment effects are temporary and resolve over several weeks or months. Permanent hyperpigmentation or hypopigmentation is very rare and may occur in less than 1% of cases.

Sun Exposure: Sun exposure to the treatment area immediately after treatment and for one month following the treatment may also increase the risk of pigmentary changes in the treatment area.

Bruising: It is exceedingly uncommon to have any skin bruising following treatment. If bruising occurs, it can be camouflaged immediately and will usually resolve in 8-10 days. As the bruising fades, there may be a rust-brown discoloration of the skin (hyper pigmentation) that may take special creams to fade away.

Infection: Velocity Laser (Hair Removal) treatments involve no cutting, surgery or skin penetration, and thus infection is exceedingly rare.

Excessive Redness and Swelling: Rarely, a minor degree of redness and/or puffiness of the skin may follow treatment and usually lasts 1-2 hours. This may persist, in rare instances, for 1-2 days. A mild steroid cream (0.5% hydrocortisone available at the clinic) or ice application, will usually settle this.

Velocity Laser (Hair Removal) treatments will leave your skin photosensitized for 48 hours after each treatment and you must avoid sunlight/UV light. Failure to do so could result in significant redness and swelling that may be quite disfiguring and may increase the rare risk of complication, such as blisters, scarring and pigmentation changes.

Fragile Facial Skin (hair removal on the face): The skin overlying the treatment area may become quite fragile. Although uncommon, the fragile skin can become reddened and the outer layer may peel off, much like a blister. This usually settles in 8-10 days. Fragile skin or blisters may be more common if post-care instructions are not followed.

If you are subject to cold sores, please notify your Treatment professional, as cold sore eruptions can be common with laser treatments, you may need to go on an anti-viral medication during your treatment.

Accutane – An oral acne medication that must be discontinued 6 months prior to treatments.

Additional Treatment - In most instances, it is recommended that you have maintenance Velocity Laser (Hair Removal) session every 3-6 months after completion of the initial course to maintain your results.

Patient Initials: _____ Date: _____

THE HISTORY OF THE UNITED STATES

The history of the United States is a complex and multifaceted story that spans centuries. It begins with the early Native American civilizations and the arrival of European settlers in the 17th century. The story is marked by significant events such as the American Revolution, the Civil War, and the rise of the United States as a global superpower.

The early years of the United States were characterized by a struggle for independence from British rule. The American Revolution (1775-1783) was a pivotal moment in the nation's history, leading to the signing of the Declaration of Independence and the establishment of the new republic. The Constitution of 1787 provided the framework for the government, and the Bill of Rights (1791) guaranteed the fundamental rights of citizens.

The 19th century was a period of rapid expansion and growth. The westward movement of settlers led to the discovery of gold in California and the opening of the transcontinental railroads. The Civil War (1861-1865) was a defining moment in the nation's history, as it resolved the issue of slavery and preserved the Union. The Reconstruction era (1865-1877) followed, as the nation sought to rebuild and integrate the newly freed African Americans.

The 20th century was a time of profound change and progress. The United States emerged as a global superpower after World War II, leading the world in the development of nuclear energy and space exploration. The Civil Rights Movement (1950s-1960s) was a landmark struggle for equality, culminating in the passage of the Civil Rights Act of 1964 and the Voting Rights Act of 1965. The moon landing in 1969 was a historic achievement that demonstrated American technological prowess.

The late 20th and early 21st centuries have seen the United States continue to evolve and shape the world. The end of the Cold War in 1991 marked the beginning of a new era of global cooperation and challenges. The 9/11 attacks in 2001 led to a period of heightened security and international engagement. The United States remains a leading nation in the world, facing both opportunities and challenges in the 21st century.

The history of the United States is a testament to the resilience and ingenuity of its people. It is a story of struggle, progress, and the pursuit of a better future. The values of freedom, democracy, and equality that have guided the nation continue to inspire and shape its path forward.

The United States has a rich and diverse cultural heritage that has shaped its identity and values. From the early Native American civilizations to the contributions of immigrants from all over the world, the United States is a melting pot of cultures and traditions. This diversity has been a source of strength and innovation for the nation.

The United States has a long and proud tradition of leadership in the world. From the early years of independence to the present day, the United States has played a central role in shaping the course of human history. Its commitment to freedom and democracy has inspired other nations and has led to the establishment of a global order based on these principles.

The United States has a rich and varied landscape that offers a wide range of experiences for its citizens and visitors alike. From the majestic mountains of the West to the beautiful beaches of the East Coast, the United States is a land of natural beauty and wonder. The diverse climates and ecosystems provide a wealth of opportunities for outdoor recreation and exploration.

The United States has a vibrant and dynamic economy that has led to a high standard of living for its citizens. The country is home to some of the world's most innovative and successful companies, and it continues to be a leader in technological advancement. The United States is a land of opportunity, where hard work and innovation can lead to a better future.

The United States is a land of freedom and opportunity. It is a place where people from all over the world can come to live, work, and thrive. The United States is a land of hope and possibility, where the dream of a better life is within reach for all.

The United States is a land of progress and innovation. It is a place where new ideas are born and where the future is being shaped. The United States is a land of opportunity, where the dream of a better life is within reach for all.

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Lack of Satisfaction – Your response is subject to variation as not all patients or hair will respond the same, but on average, almost 100% of patients who have undergone treatment report a noticeable reduction in their unwanted hair beginning after the first treatment. However, there is a risk that you may not see an appreciable reduction in the area of unwanted hair.

Pregnancy - Although no known adverse reactions upon a fetus are known to result we do not recommend proceeding with treatment if you are known to be pregnant.

There are many variable conditions in addition to risks and potential complications listed above that may influence the long-term result from Velocity Laser (Hair Removal) treatments. Even though risks and complications can occur infrequently, the risks cited in this booklet are particular for Velocity Laser (Hair Removal) treatments. Other complications and risks can occur but are even less common. Should complications occur, additional surgery or treatment may be required. The practice of medicine is not an exact science. Although good results are expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. Infrequently, it is necessary to perform additional treatment to improve your results.

ALTERNATIVES TO THE VELOCITY LASER

Waxing

HEALTH INSURANCE

Unwanted hair is a cosmetic concern and poses no medical or health care threat. Most health insurance companies, including OHIP, exclude coverage for these treatments.

Complications that may occur from such treatments are usually considered a health care concern and may be covered. Please carefully review your health insurance subscriber-information pamphlet, if you have a private insurance carrier.

FINANCIAL RESPONSIBILITIES

You will be responsible for necessary payments. Additional costs may occur should complications develop from treatment. There are no refunds once a treatment has been performed.

DISCLAIMER

Informed Consent Booklets are used to communicate information about the proposed treatment of a condition along with disclosure of risk and alternative treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

What the doctor has discussed with you and has been included in this booklet are the material risks both common and uncommon that the doctor feels a reasonable person would want to know, understand and consider in trying to decide if the proposed treatment of a condition is something they would like to proceed with.

However, Informed Consent Booklets should not be considered all-inclusive in defining other methods of care and risk encountered. The doctor may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information contained on this and all preceding pages carefully and have all of your questions answered by the doctor before signing the consent on the last page.

Patient Initials: _____ Date: _____

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial statements and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of specialized software tools.

3. The third part of the document describes the results of the data collection and analysis. It shows that there are significant differences in the way that different departments handle their data, which can lead to inconsistencies and errors.

4. The fourth part of the document discusses the implications of these findings. It suggests that a more standardized approach to data collection and analysis is needed to improve the accuracy and reliability of the financial statements.

5. The fifth part of the document provides a summary of the key findings and recommendations. It emphasizes the need for a comprehensive review of the current data collection and analysis processes and the implementation of a more consistent and transparent system.

6. The sixth part of the document discusses the challenges associated with implementing these recommendations. It notes that there are significant barriers to change, including resistance from staff and limited resources.

7. The seventh part of the document provides a detailed description of the proposed new system. It outlines the key features and benefits of the system and how it will be implemented.

8. The eighth part of the document discusses the expected outcomes of the new system. It suggests that the system will lead to improved data accuracy, reduced errors, and a more efficient and transparent data collection and analysis process.

9. The ninth part of the document provides a summary of the key findings and recommendations. It emphasizes the need for a comprehensive review of the current data collection and analysis processes and the implementation of a more consistent and transparent system.

10. The tenth part of the document discusses the challenges associated with implementing these recommendations. It notes that there are significant barriers to change, including resistance from staff and limited resources.

11. The eleventh part of the document provides a detailed description of the proposed new system. It outlines the key features and benefits of the system and how it will be implemented.

12. The twelfth part of the document discusses the expected outcomes of the new system. It suggests that the system will lead to improved data accuracy, reduced errors, and a more efficient and transparent data collection and analysis process.

13. The thirteenth part of the document provides a summary of the key findings and recommendations. It emphasizes the need for a comprehensive review of the current data collection and analysis processes and the implementation of a more consistent and transparent system.

14. The fourteenth part of the document discusses the challenges associated with implementing these recommendations. It notes that there are significant barriers to change, including resistance from staff and limited resources.

15. The fifteenth part of the document provides a detailed description of the proposed new system. It outlines the key features and benefits of the system and how it will be implemented.

16. The sixteenth part of the document discusses the expected outcomes of the new system. It suggests that the system will lead to improved data accuracy, reduced errors, and a more efficient and transparent data collection and analysis process.

Consent for Procedure and/or Treatment

I have received the following information/informed consent booklet for:

VENUS VELOCITY LASER HAIR REMOVAL

1. I hereby authorize The Spa at Mecca physician and/or such assistants as may be selected to perform the following procedure and/or treatment:

2. I recognize that during the course of the procedure/treatment unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and/or assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. As part of the requirements of the treatment protocol, my chart may be subject to a peer review for quality control.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided they do not reveal my identity. These photographs and videos may be used for medical meetings, advertising, or any promotional or public relations purposes.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
7. I understand that the signature of the witness (if a non-physician) on this document indicates only that the signing of my name has been observed and not that the witness has necessarily provided information regarding the procedure.
8. **IT HAS BEEN EXPLAINED TO ME BY MY PHYSICIAN AND/OR ASSISTANTS IN A WAY THAT I UNDERSTAND:**
 - i. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - ii. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - iii. THERE ARE RISKS TO THE PROCEDURE/TREATMENT PROPOSED
 - iv. ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

I CONSENT TO THE PROCEDURE AND/OR TREATMENT AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Please Print Name Here

DATE

WITNESS

Patient Initials: _____ Date: _____

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