

## Hair Removal Questionnaire

Which hair removal procedure is the correct one for me? (What are the options?) \_\_\_\_\_

\_\_\_\_\_

What is the estimated cost of the procedure? \_\_\_\_\_

How long is one appointment? \_\_\_\_\_

How often will I need to receive treatment? \_\_\_\_\_

How far apart are the treatments? \_\_\_\_\_

What are the common side effects or complications associated with the procedure? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can I prepare for the treatment/procedure? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do the treatments hurt? \_\_\_\_\_

What are my pain management and anesthesia options? \_\_\_\_\_

\_\_\_\_\_

How long is the recovery time associated with my procedure? \_\_\_\_\_

Do you have before-and-after patient images to help to prepare me for what to expect? \_\_\_\_\_

Will someone walk me through the process before going in for treatment? \_\_\_\_\_

What are the risks? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period) \_\_\_\_\_

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**Other Questions and Notes** \_\_\_\_\_

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Is a doctor on site?  Yes  No

Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience?  Yes  No

Was my medical history taken?  Yes  No

Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type?  Yes  No

Did the doctor show me before-and-after photos?  Yes  No