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) 

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

Other Questions and Notes

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

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