

Patient consent form:
Vascular Blemishes
Please read and fill in all 7 pages

No medical technique is perfect and no two people are alike. Accordingly, the treatment of vascular blemishes ("broken capillaries" and spider veins) with the blend technique should improve your condition, but will not produce miracles. Generally, we have found that treatment is more successful with facial and upper body vascular blemishes than on the legs. Blood vessel removal on the legs is only about 50% successful; *with less success the lower you go on the legs.*

We may not be able to remove all the unwanted vessels at one appointment — this is done for your safety. Thus, a series of treatments may be necessary (usually 2 to 4). You may also be genetically predisposed for vascular blemish formation, and will develop more of them in your lifetime. You may, for example, be fair-skinned and spend a lot of time outdoors and thus develop more vascular lesions. In such a case, you will probably have to see us every year or so to keep up with the new blood vessel formation.

You should understand the disadvantages before you undergo this procedure. First, a few treatments may be necessary and you should not expect 100% removal of all of your vessels; particularly if you have a large number of vascular blemishes. With facial and upper body telangiectasia, results will be seen rapidly. In most cases, the vessel will disappear immediately. You will, however, experience some redness following treatment that may last 24 hours or longer. For a few days after treatment, the area may appear to have dilated vessels remaining in the area; this is usually temporary and caused by the inflammation. Redness depends on your skin type. Some people show little redness and others get quite florid from treatment. You will also get tiny crusts on the face and body that will last 7 to 10 days or longer (body crusts last longer, up to 3 weeks).

As mentioned, success on the legs is not as good as on the face or body. However, in most cases some improvement will be seen. Indeed, posttreatment risks are substantially less with the blend process than with either sclerotherapy (injection) or with laser. In most cases we have seen that the leg vein will return, but about 50% thinner than before treatment. It may take several weeks for the vessel to diminish after your treatment. Elimination of all leg veins is seldom accomplished. We must use more current to remove leg veins, so crust size will be much larger than on the face; and crusts will last longer — up to 3 weeks or so. (We may elect to use local anesthetic for treating your leg vessels, and you will wear an ace bandage for at least 24 to 48 hours following treatment.) It is possible that the veins will look worse before they appear better; although once crusts fall off there should be a noticeable difference. Bruising is uncommon, but possible, and swelling should be expected, particularly if you have large numbers of vessels to be treated. In some cases, the leg vessel will be replaced by a visible scar — although the scar is usually preferable to the vessel itself.

In some cases, you may experience temporary darkening of the skin where the vessels have been removed (face, body and legs). We have not yet seen a case where this is permanent, but the marking can persist for up to 6 months. Indeed, we have products available to hasten the disappearance of pigmentation if the need arises. On the legs, this may appear as brown streaks or brown patches where the vessels were treated. On the face this will appear as tiny brown dots. As mentioned, we expect pigmentation to be temporary, but it could be permanent in your case — although this would be rare. Sores or ulcers seldom occur; a result of posttreatment infection. Thus, you need to carefully follow aftercare instructions and keep the area clean. Infection can lead to dot-like scarring. Infection or other posttreatment problems are commonly treated with anti-inflammatorily medications and/or antibiotics.

Finally, we have recently discovered that having had prior treatment, with sclerotherapy, laser or hyfrecator, can create "treatment resistant" blood vessels that may require significantly more treatments. And, treatment of such vessels may not be successful. Please be sure that you discuss any prior treatments with either the physician or technician!

*Photographs are necessary to document the progress of this procedure. I understand this and agree to have photographs taken, and I also agree to these being used for training and educational purposes.
I have read the above and understand the potential benefits, limitations and risks of treatment.
Understanding these risks, I consent to have this procedure performed.*

Patient (please sign and print your name)

Date

Witness

Date: _____

1) Last name: _____ First name: _____

2) Age: _____ Sex: _____ Height: _____ Weight: _____

3) Were you referred to me? _____ YES NO

please circle

If referred, by whom? _____

4) Have you eaten within the last few hours? _____ YES NO
(sometimes patients who have not eaten become dizzy after treatment.)

5) Are you pregnant or planning to get pregnant in the near future? _____ YES NO

6) Do you have a history of (please circle any that apply):

- | | |
|---------------------------|---------------------|
| Infection | heart problems |
| septicemia | migraine headache |
| HIV | low blood pressure |
| allergy to aspirin | high blood pressure |
| hepatitis | diabetes |
| lupus | pulmonary emboli |
| collagen vascular disease | any known allergy |

7) Is there a personal or family history of the following (please circle any that apply):

- | | |
|-------------------------------|---------------------------------------|
| bruise easily | thrombophlebitis |
| bleeding or clotting problems | (blood clot with or without swelling) |
| prolonged bleeding | |

8) Do you smoke? _____ YES NO

please circle

If so, for how long? _____

If so, how many packs per day? _____

9) Could you walk 3 miles continuously for 1 hour? _____ YES NO

10) After walking, have you ever noticed (please circle):

- | | |
|-----------|----------------|
| heaviness | leg cramps |
| tiredness | restless legs |
| fatigue | throbbing |
| swelling | other symptoms |

please circle

- 11) Are you required to be on your feet for long periods of time? _ _ _ YES NO
- 12) After standing, do your legs ache? _ _ _ _ _ YES NO
- 13) Do you have a history of swelling in the legs or feet? _ _ _ _ _ YES NO
- 14) Do you do any type of exercise that causes violent physical pounding in your legs, such as aerobics or running? _ _ YES NO
- 15) Are you menopausal? _ _ _ _ _ YES NO
- 16) Do your veins get worse during your periods? _ _ _ _ _ YES NO
- 17) Is your face or body exposed to excessive sunlight? _ _ _ _ _ YES NO
- 18) Do you usually wear sunscreen? _ _ _ _ _ YES NO
- 19) Do you commonly engage in winter sports such as skiing? _ _ _ YES NO
- 20) Are you blond and blue-eyed? _ _ _ _ _ YES NO
- 21) Do you work/play outdoors? _ _ _ _ _ YES NO
- 22) Do you wear a hat when outdoors in the sunlight? _ _ _ _ _ YES NO
- 23) Do you use Retin-A? _ _ _ _ _ YES NO
- 24) Do you regularly have aesthetic treatments? _ _ _ _ _ YES NO
- 25) Do you use a puff-buff or other skin exfoliating device? _ _ _ _ _ YES NO
- 26) Do you squeeze blackheads or pimples on your face? _ _ _ _ _ YES NO
- *27) Do you regularly take vitamins? _ _ _ _ _ YES NO
- *28) Do you take Vitamin C on a regular basis? _ _ _ _ _ YES NO
- *29) Are you a strict vegetarian? _ _ _ _ _ YES NO
- *30) Do you occasionally eat red meat? _ _ _ _ _ YES NO

*These questions are for our research. Several clinicians have noted that strict vegetarians appear more prone to develop telangiectasia. Vitamin C may help reduce telangiectasia formation by strengthening blood vessel walls. Your answers will help in creating a larger body of data for our researchers.

PIGMENTATION

- 38) When you cut, scratch, burn or abrade your skin, do you develop brown splotches in the area? _____ YES NO
- 39) Has your skin developed brown spots, melasma or splotching during pregnancy or while taking the birth control pill? — — — — — YES NO

please circle

PREGNANCY

- 40) How many pregnancies have you had? _____
- 41) After which pregnancy, did your vascular blemishes occur or worsen most noticeably? _____
- 42) During pregnancy, did you develop tiny, blush-like red spider veins? YES NO
- 43) After any blow or trauma to your legs, did you ever develop tiny blush-like red spider veins? _____ YES NO

FAMILY HISTORY

- 44) Is there a family history of spider and varicose veins or "broken capillaries." _____ YES NO
- 45) Do (or did) the following people have vascular blemishes (circle all that apply)?
- mother
 - sisters
 - children
 - aunts
 - father
 - uncle
 - brother

- 46) Has anyone in your family had breast cancer or ovarian cancer?___ YES NO

VASCULAR HISTORY

- 47) How many years have you noticed your unwanted vascular blemishes? _____ which are these (please circle):
- varicose veins legs
 - spider veins on legs
 - facial broken capillaries
 - upper body capillaries
 - mole-like red spots

48) Did your veins occur (please circle):

- | | |
|--|--|
| before pregnancy | after taking birth control pill,
(premarin or progesterone) |
| after pregnancy | facial resurfacing |
| after an accident
(fall, facial injury, broken leg) | Retin-A |
| | other _____ |

please circle

49) Are you still developing new vascular blemishes: — — — — — YES NO
 If yes, are your veins (circle):
 remaining stable
 getting worse

50) Have your vascular blemishes ever been treated with (circle):

- | | |
|---------------------------|----------------------------------|
| injection / sclerotherapy | electrocautery (electric needle) |
| laser | ligation (stripping surgery) |

When was your last treatment _____
 How many treatments did you have _____
 Were you pleased with the results? — — — — — YES NO
 Did you develop brown streaks after treatment? — — — — — YES NO
 Did you develop more blood vessels after the treatment? — — — — — YES NO
 Have the vessels recurred after treatment? — — — — — YES NO
 if so how soon after _____

51) Do you have a history of scarring after treatment of your vessels? — YES NO
 52) Did you develop small red vessels (blush-like) after treatment? — — YES NO
 if yes, where were they located? _____
 How soon did they appear after the treatment? _____

HOSIERY AND OTHER

53) Do you wear (please circle):

- | | |
|---------------------------|-------------------|
| prescription support hose | Hanes Alive |
| light support hose | Jobst Sheer, etc. |

54) Do you note that the hosiery helps — — — — — YES NO
 55) Do you suffer from recurring vaginal yeast infections? — — — — — YES NO

56) Do you have trouble with your feet (circle)?

- | | |
|---------|---------------|
| bunions | foot surgery |
| corns | diabetic feet |
| sores | |