

*Patient consent form:*  
**Vascular Blemishes**

The Blend technique should improve your vascular blemish condition. Treatment is more successful with facial and upper body vascular blemishes than legs. We may not be able to remove all the unwanted vessels at one appointment. A few treatments may be necessary. You may be predisposed for vascular blemish formation, and may develop more in your lifetime. You may have to see us every year or so to keep up with the new blood vessel formation.

You should not expect 100% removal of all of your vessels; particularly if you have a large number of vascular blemishes. You will 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 temporary and caused by the inflammation. Some people show little redness and others get quite florid from treatment. Tiny crusts will form that will last 7 to 10 days or longer.

In some cases, you may experience temporary darkening of the skin where the vessels have been removed. These will appear as tiny brown dots. In rare cases, marking can persist for up to 6 months — but always disappears. Indeed, we have products available to hasten the disappearance of pigmentation. You must carefully follow after-care instructions and keep the area clean.

*Understanding these nominal risks, I consent to have this procedure performed ...*

\_\_\_\_\_  
Please sign here

\_\_\_\_\_  
Date

1) Last name:

First name:

2) Age:

Sex:

Height:

Weight:

3) Have you eaten within the last few hours?

YES

NO

(sometimes patients who have not eaten experience a bit more treatment pain.)

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

bruise easily  
bleeding or clotting problems  
prolonged bleeding

thrombophlebitis  
(blood clot with or without swelling)

5) Do you smoke?

YES

NO

6) Is your face or body exposed to excessive sunlight?

YES

NO

7) Do you usually wear sunscreen?

YES

NO

8) Do you commonly engage in winter sports such as skiing?

YES

NO

9) Are you blond and blue-eyed?

YES

NO

10) Do you work/play outdoors?	YES	NO
11) Do you wear a hat when outdoors in the sunlight?	YES	NO
12) Do you use Retin-A?	YES	NO
13) Do you regularly have aesthetic treatments?	YES	NO
14) Do you use a puff-buff or other skin exfoliating device?	YES	NO
15) Do you squeeze blackheads or pimples on your face?	YES	NO
16) Do you regularly take vitamins?	YES	NO
17) Do you take Vitamin C on a regular basis?	YES	NO
18) Are you a strict vegetarian?	YES	NO
19) Are you currently taking any type of hormone? If so, what kind?	YES	NO
20) When you cut, scratch, burn or abrade your skin, do you develop brown splotches in the area?	YES	NO
21) Has your skin developed brown spots, melasma or splotching during pregnancy or while taking the birth control pill?	YES	NO
22) During pregnancy, did you develop tiny, blush-like red spider veins?	YES	NO
23) After any blow or trauma to your legs, did you ever develop tiny blush-like red spider veins?	YES	NO
24) Is there a family history of spider and varicose veins or "broken capillaries."	YES	NO
25) How many years have you noticed your unwanted vascular blemishes? _____		
26) Are you still developing new vascular blemishes:	YES	NO
27) Have your vascular blemishes ever been treated	YES	NO
28) Do you have a history of scarring after treatment of your vessels?	YES	NO
29) Did you develop small red vessels (blush-like) after laser treatment?	YES	NO