



# IPL Consultation and Consent Form

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_ Other Contact number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Family Doctor Name & Contact No: \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about our salon? \_\_\_\_\_

Type of treatment

Hair Removal       Benign Pigmented Lesions       Acne     Vascular Lesions       Photo Rejuvenation

Area(s) of concern \_\_\_\_\_

What method of hair removal do you currently use (if applicable tick below) \_\_\_\_\_

Tweezing     Depilatory Creams     Shaving     Emjoy     Waxing     Electrolysis     Other \_\_\_\_\_

How Often? \_\_\_\_\_

Is there a family history of superfluous (excess ) hair?     Yes     No    Details \_\_\_\_\_

When did you notice excess hair development? \_\_\_\_\_

Do you have any current or chronic medical illnesses?     Yes     No    Details \_\_\_\_\_

Are you under a doctor’s care?     Yes     No    Details \_\_\_\_\_

Are you taking any photosensitising medication?  Yes     No    Details \_\_\_\_\_  
(i.e. Anti-depressants, ST Johns wart etc?)

Do you have permanent makeup , implants or Tattoos?     Yes     No    Details \_\_\_\_\_

Botox, dermal fillers or chemical peels (within 12mths)     Yes     No    **Note : some products can react with IPL**

Do you smoke?     Yes     No    If so, how many per day? \_\_\_\_\_

Do you have any allergies?     Yes     No    If yes, please list \_\_\_\_\_

## TEST PATCH – IPL Clinician to complete

Test Patch Date \_\_\_\_\_ Skin Type / Score \_\_\_\_\_

Price and Package \_\_\_\_\_

Recommendations \_\_\_\_\_

Hair Removal     Benign Pigmented Lesions     Acne     Vascular Lesions     Photo Rejuvenation

Area:	Filter	Test 1	Test 2	Test 3	Handpiece	Comments

## Client Treatment Report

Date of treatment	Clinician name & Signature	Treatment Details	Settings Used	Amount Paid	Payment Details	Comments

## Medical Informed Consent

I Consent and authorise Skin Deep Rejuvenation Clinic to perform pulsed light treatment on me. I understand the following points and have had the opportunity to ask questions during my consultation.

### In relation to IPL hair reduction treatments, I have been advised as follows:

1. Treatment is successful on most clients but my individual results cannot be guaranteed.
2. Most clients require 8 to 10 treatments to achieve up to 80% hair reduction, some may require more. Hair loss is variable and individual results depend on many factors, thus it is extremely difficult to advise on exact number of treatments required.
3. Light Blonde, grey, red or white hair does not respond to IPL treatment as quickly.
4. Fine facial hair takes longer to respond to treatment than hair in other areas and will require additional treatments.
5. Darker skin type clients will require additional treatments.
6. Exposure to UV Rays will compromise my treatment, therefore I will use SPF 30+ sunscreen.
7. Growth of dormant follicles that may be triggered by hormonal changes (eg stress, illness, medication, pregnancy, trauma or other causes) can stimulate future hair growth.
8. Not following the program regarding timing of treatments will reduce efficacy of my treatment

### In relation to IPL photo-rejuvenation treatments, I have been advised as follows:

1. Treatment is successful on most clients but my individual results cannot be guaranteed.
2. Most clients will require 4 treatments for successful reduction of pigmentation/capillaries and results are variable.
3. Darker Pigmentation responds better to treatment than lighter pigmentation and micro-crusting will occur.
4. Exposure to UV Rays will cause pigmentation to darken again, skin care is essential.
5. Vascular lesions may re-appear within 7 days after treatment, whilst the capillary is still compromised, a further treatment is highly recommended within 14 days. Failure to do so, will reduce efficacy of treatment.

### Risks associated with IPL treatments (hair removal and photo-rejuvenation)

Even though the risk of complication is extremely low, the following can occur: ( Please Tick & Initial)

- Pigment changes (light or dark spots on the skin) lasting 1-6months. Freckles may temporarily or permanently disappear in treated areas. Other potential risks include crusting, itching, pain, bruising, pimple-like bumps, dry skin, hypopigmentation (lightening of the skin), hyperpigmentation (darkening of the skin), blistering, burns, infection, scabbing, swelling, a very risk of scarring and a failure to achieve the desired results.
- Allergic or delayed inflammatory reactions can develop. A test patch is performed to ascertain reaction of the skin to IPL.
- Intense Light Systems can cause eye injury and protective eyewear must be worn during treatment.
- Prior to initiation of treatment, any pigmented lesions should be correctly identified by a physician to be benign and recommended for light based treatment. A medical certificate to this effect is required.
- I consent to photographs taken to evaluate effectiveness. Photographs revealing my identity will not be used without consent.
- I understand the sensation of light based treatments is sometimes uncomfortable and feels like a flicking sensation.
- I am 18years or over (otherwise parent or guardian to sign)
- I will advise Skin Deep Rejuvenation Clinic of any changes that occur during my treatment that can increase potential risks or reduce efficacy
- I also understand that there will be no refund for any performed services.

### In relation to my initial and all subsequent treatments I advise that: (Please Tick & initial)

- I have not had unprotected sun exposure (including tanning beds and fake tan creams) in the last 4 weeks.
  - I have not used mechanical epilation, waxed or tweezed.
  - I have no history of seizures and I have disclosed all known allergies (eg Latex etc)
  - I am not taking medications causing photosensitivity (prescriptions/non-prescription) eg. St Johns wart, anti-coagulants etc.
  - I do not have a history of keloid & hypertrophic scar formation.
  - I do not have active infections/Immunosuppression.
  - I do not have open lesions in the areas to be treated.
  - I do not have Herpes I or II – in the areas to be treated
  - I have not used Tretinoin (Retin – A, Renova) within the last 2 weeks
  - I have not had Laser Resurfacing within the last 6 months
  - I have not had a Chemical Peel – within the last 4 weeks.
  - I have not used Oral isotretinoin/Accutane – within the last 6 months.
  - I have advised my clinician if I am a diabetic.
  - I am not pregnant, do not have hormonal imbalances or taking and medication which may affect treatment outcomes.
  - I have received the pre and post care information Sheet. I agree to adhere to all these recommendations.
  - If my treatments related to facial hair reduction, I have been advised of the possibility of on-going long term maintenance.
  - Cancellations : You need 24 hours notice to change your appointment otherwise a fee will be charged. No Shows, If you are on a package that appointment will be taken off your remaining appointments. Non package clients will be invoiced for appointment.
- I have read all of the above and had all my questions satisfactorily answered. Note : Do not sign this form until you have read and understood all of the above.

Name in Full \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Clinician (Witness) \_\_\_\_\_