

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

What areas of the body do you require IPL Hair Reduction

\_\_\_\_\_

Skin colour without sun exposure: white fair medium olive dark

Do you tan easily: yes no

Do you sunburn quickly: yes no

Have you had significant sun exposure in the last 2 weeks? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have tattoos or permanent makeup in areas to be treated? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have fake tan in the treatment area? Yes \_\_\_\_\_ No: \_\_\_\_\_

Are you currently pregnant or trying to conceive? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you had IPL Previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Details** \_\_\_\_\_

**Have you ever experienced or been treated with the following?**

	Yes	No		Yes	No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Photosensitizing medication	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Roaccutane/ acne medication	<input type="checkbox"/>	<input type="checkbox"/>
Skin Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Cancer – current treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cold Sores	<input type="checkbox"/>	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal Condition	<input type="checkbox"/>	<input type="checkbox"/>	Recent vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Eczema, dermatitis/ psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sensation or heat	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Retinol facial products	<input type="checkbox"/>	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please explain and include dates / details:

**Have you recently had any of the following in the treatment area?**

Chemical Peel	Yes / No	Botox/Injectables	Yes / No
Micro-Dermabrasion	Yes / No	Resurfacing or Fractional Laser	Yes / No
Implants	Yes / No	Surgery	Yes / No
IPL	Yes / No	Dermal Rolling	Yes / No

Details \_\_\_\_\_

**What Skincare products are you currently using on the treatment area?**

**Please list all CURRENT medications:**

**Please list all CURRENT vitamin supplements, herbal remedies:**

### Client Consultation Form – Informed Consent

**Please sign after reading Full IPL Hair Reduction information document**

I understand that the BeautyFixx Intense Pulsed Light technology is used for reduction of unwanted hair and that clinical results will differ in different people, according to health, life style, skin and hair type as well as the medical condition of the client.

The purpose of the treatment is to achieve cosmetic improvement, by reducing hair growth

I \_\_\_\_\_ duly authorize staff of BeautyFIXX or other specially trained associate technicians to perform hair reduction using IPL methods.

**I have been advised of the following possible side effect and risks of Pulsed Light treatments and accept the risk of any potential side effects:**

**Sign**

1	IPL is a very popular and largely successful treatment with certain general expectations. However due to the variables in each client, an exact result cannot be predicted. Skin colour, hair thickness and depth, hormones, skin sensitivity, undiagnosed medical conditions can affect the results. If results are minimal after 3 treatments we may recommend to discontinue the program. I have read and understand the Results Assurance Policy if the outcome of treatment is not as expected	
2	Common side effects of the area treated can include temporary redness, sensitivity, swelling, hives, itchiness and tingling sensation. Temporary darkening of freckles	
3	Other less common side effects can include colour changes such as hyper-pigmentation (brown/ red discoloration) or hypo-pigmentation (skin lightening) and burns	
4	Hormonal conditions (Medical, menopause, adolescence, pregnancy) can cause hairs to be more resistant to treatment and may take longer to treat than average. Hormonal changes during treatment may cause hairs to start regrowing. Note - The Brazilian and abdomen areas cannot be treated during pregnancy.	
6	Skin must be protected from any UV exposure for 4 weeks before and 2 weeks after treatment. Unprotected sun exposure in the weeks pre and post treatment increases chance of hyper / hypo pigmentation, sunburn and burns during treatment	
8	I have received written client information / after care information and agree to follow the aftercare instructions	
10	My questions regarding this procedure have been answered to my satisfaction. I accept all risks and outcomes of treatment.	
11	I consent to photographs for the purpose of monitoring response to therapy.	

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_