

Name: _____ **Date:** _____

Date of Birth: _____

Telephone: _____

Occupation: _____

Email Address: _____

Contact in case of emergency _____

What IPL treatment do you require and on what area/s?

Ethnic background: _____

Eye colour: _____ Natural hair colour: _____

Skin colour without sun exposure _____

DO you burn easily or tan when in the sun _____

Medical Questionnaire

Have you had significant sun exposure in the last 4 to 6 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: ____

DO you have excess pigment, freckles or moles in the treatment area? Yes ____ No ____

Are you currently pregnant or trying to conceive? 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 Drugs (see form below)	<input type="checkbox"/>	<input type="checkbox"/>
Keloid scarring	<input type="checkbox"/>	<input type="checkbox"/>	Roaccutane	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Cancer – current treatment	<input type="checkbox"/>	<input type="checkbox"/>
Skin Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Cold Sores	<input type="checkbox"/>	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal Condition	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Eczema, dermatitis/ psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sensation or heat	<input type="checkbox"/>	<input type="checkbox"/>	Retinol skin products	<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 needling	Yes / No

If yes, to any of the above, please explain and includes dates

What Skincare products are you currently using?

Cleanser:

Toner:

Serums:

Moisturizer's

SPF

Please list all CURRENT medications:

Medication for Duration

Please list all PAST medications used in the last 1 month:

Medication for Duration

Please list all CURRENT vitamin supplements, herbal remedies:

Supplements / Remedies for Duration

Client Consultation Form – Informed Consent

I understand that the BeautyFixx Intensive Pulsed Light technology is used for removal of unwanted hair/ photo rejuvenation/ pigmentation reduction and / or red blood vessel reduction and that clinical results may differ in different people, according to health, life style, skin and hair type as well as the medical condition of the client.

The treatment will not cure any medical conditions causing unwanted hair or skin condition. The purpose of the treatment is to achieve cosmetic improvement, by reducing wrinkles, spots, capillaries, sun blemishes etc and hair growth.

I _____duly authorize staff of BeautyFIXX or other specially trained associate technicians to perform hair removal / skin rejuvenation / pigmentation reduction, or treat other skin conditions using Pulsed Light methods.

I have been advised of the following possible risks of Laser and Pulsed Light treatments: Client Initials

1	Due to the nature of this treatment an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained.	
2	Possible side effects of the area treated can include mild discomfort, swelling and colour changes may develop.	
3	Colour changes, such as hyperpigmentation (brown / red discoloration) or hypopigmentation (skin lightening) may occur in treated skin. This may take several/many months to return to normal.	
4	Blistering and mild crusting of the skin may occur. Scarring is a rare possibility, but it has occurred in less than 1% of the treatment population.	
5	Skin must be protected from any UV exposure (including the sun and sunbeds) for six weeks before and after treatment. Unprotected sun exposure in the weeks pre and post treatment may produce hyper / hypo pigmentation.	
6	A rare side effect is the possibility of a paradoxical increase in fine hair growth surrounding the treatment site.	
7	Client must use proper eye protection as recommended by the laser or Pulsed Light manufacturer.	
8	I have received written client information / after care information.	
9	I agree to follow aftercare recommendations as directed by this clinic.	
10	My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment.	
11	I consent to photographs for the purpose of monitoring response to therapy.	
12	I understand that the treatment involves a series of treatments and that the fee structure is payable per treatment	

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____

PHOTO Sensitizing Medications

There are dozens of medications and over-the-counter drugs that can cause light sensitivity. Some of the most common include:

- Antibiotics: doxycycline, tetracycline, ciprofloxacin, levofloxacin, ofloxacin, trimethoprim
- Antidepressants: doxepin (Sinequan); and other tricyclics; St. John's wort
- Antifungals: griseofulvin
- Antihistamine: promethazine, diphenhydramine
- Antihypertensives (blood pressure drugs): hydrochlorothiazide (also found in some blood pressure medicines: Aldactazide, Capozide), diltiazem (Cardizem)
- Benzocaine
- Benzoyl peroxide
- Cholesterol drugs: atorvastatin, lovastatin, pravastatin, simvastatin
- Chemotherapy drugs: doxorubicin, flutamide, 5-FU, gemcitabine, methotrexate
- Diuretics: bumetanide, furosemide, hydrochlorothiazide
- Hypoglycemics: glipizide, glyburide
- Neuroleptic drugs: Chlorpromazine, fluphenazine, perphenazine, thioridazine, thiothixene
- Nonsteroidal anti-inflammatories: celecoxib, ibuprofen, ketoprofen, naproxen, piroxicam
- Other drugs: dapsone, Para-aminobenzoic acid (PABA), quinidine.
- PDT Pro photosensitizers: 5-aminolevulinic acid, methyl-5-aminolevulinic acid
- Retinoids: acitretin, isotretinoin
- Sulfonamides: sulfadiazine, sulfamethoxazole, sulfasalazine, sulfisoxazole