IPL CONSULTATION FORM

1118 IPL & BEAUTY, 1118 MELTON ROAD, SYSTON, LE7 2DD

Client Name:	Mobile:
Date of Birth:	Email:

Please tick to confirm the following

Contraindications	Yes	No	Do you have any of the following?	Yes	No
Kidney / Liver Disease			High / Low Blood Pressure		
Heart Conditions (Pacemaker)			Thyroid Condition		
Cancer (radiation / chemotherapy)			Polycystic or Ovarian Syndrome		
Epilepsy			Hormonal Imbalances (if known)		
Diabetes			HRT or Contraceptive Pill		
Lupus			Fertility Drugs		
Hepatitis			Hirsutism		
HIV or Aids			Steroid Therapy		
Porphyria			Psoriasis or Eczema in treatment area		
Herpes (Shingles / Cold Sores - area?)			Tattoos in the treatment area		
Metal Pins (area?)			Permanent Make-Up in treatment area		
Inflammation or infection			Undergone any aesthetic laser treatment in the area planned to be treated in the past month		
Pregnant (breast feeding)			Botox/fillers or chemical peels in the area planned to be treated in the past month		
Abnormal swelling /Oedema			Had prolonged exposure to the sun or used fake tan in the past month		
Do you take Photosensitive medication and/or herbs that may cause sensitivity to light exposure, ie. tetracycline, or St. John's Wort					
Are you currently, or have you used Oral or topical, Roaccutane, isotretinoin's or Retin A in the last 6 months?					
Oral or topical steroids					

Please List any other condition and medication not listed above

Skin type (when exposed to the sun without protection for about 1 hour)

Skin Type	Skin color	Characteristics	Tick
I	White, very fair, red or blonde hair, blue eyes, freckles	Always burns, never tans	
II	White, fair, red or blonde hair, blue, hazel or green eyes	Usually burns, tans with difficulty	
III	Cream white, fair with any eye or hair colour, very common	Sometimes mild burns, gradually tans	
IV	Brown, typical Mediterranean or Asian skin	Rarely burns, tans with ease	
V	Dark brown, middle eastern skin types	Very rarely burns, tans very easily	
VI	Black	Never burns, tans very easily	

I have duly read and understood the content of this informed consent form and have given accurate information as to my health condition. I hereby consent to Harmony XL PRO laser treatment.

Client signature:	Date:
Therapist checked form Signature:	Date:

Informed Client consent for treatment

I consent to, and authorise, the Qualified Practitioners at 1118 Beauty Salon, to perform treatment with the Harmony XL PRO Laser/IPL/NIR system on me for the treatment of Pigmented Lesions/ Tattoo removal /Vascular lesions/Skin rejuvenation/Other:

_____

The areas to be treated are _____and I agree that a Patch Test will be undertaken prior to treatment to ascertain my suitability for treatment.

- The treatment has been fully explained to me
- I have asked all relevant questions appertaining to this treatment and am satisfied with the explanation and information given to me regarding the possible side effects and outcome of light-based therapy.
- I am eligible for laser treatment as per the exclusion criteria
- I consent to the administration of topical anaesthesia where necessary and have been informed on potential risks and complications of the anaesthetic
- Pre-treatment and post-care instructions have been discussed and are completely clear to me
- I understand that sun exposure or tanning of any sort is not aligned with the post-care instructions and may increase the chance for complications
- I understand I should refrain from Swimming; Steam room or sauna use until my skin is fully healed.
- I understand excessive sweating, excessive moisture, and enormous heat can have some negative effects on the healing of my skin cells and, in the worst case, cause infections or scar tissue.
- I understand the list below of common side effects and skin responses. I agree to follow recommended guidelines:

    - Pain – during the procedure, the laser pulse may feel like a rubber band snapping the skin. To reduce discomfort, topical anaesthesia and/or cool air may be used
    - Discomfort (pain, tingling or burning sensation) – may occur within 2 days of treatment
    - Redness, itchiness and swelling – may last up to 1 week
    - Darkening of pigmented lesions – immediately after laser exposure, the colour of the pigmented lesions changes. Lesions may crust before shedding away
    - Crusting – healing ointments may be applied. It is important not to rub or pick the crusts, but to let them shed naturally.
    - Allergic reactions – an immediate or delayed allergic reaction may develop due to shattered tattoo pigments or drug reactions. In which case, I need to contact my treating Doctor for instructions
    - Infection – if the treated area becomes warm, increasingly reddened or oozing, I need to contact my treating Doctor for instructions

In the unlikely event of an adverse reaction, I will seek urgent medical care and advise the salon/clinic within 24 hours and return to the clinic for immediate assessment and treatment within 48 hours of treatment

- I understand there is an extremely rare possibility of eye damage from the laser. For my protection, I agree to wear safety glasses that will be provided during my treatment.

- I understand that the clearance of the tattoo/pigment/blood vessel/other lesion may vary with each individual and that it is impossible to predict how I will respond to the treatment.

- I understand that the procedure may not be effective on certain lesions and that multiple treatments may be required.

- I have duly read and understood the content of this informed consent form and have given accurate information as to my health condition. I hereby consent to Harmony XL PRO laser treatment.

_____	_____	_____
Name of patient (please print)	Signature of client	Date