



Laser / IPL Consultation Form

Last Name _____ First Name _____
 Mr/Mrs/Miss/Other _____ DOB / /
 Home Address _____ Mobile Tel # _____
 Work Tel No _____ Email _____
 Occupation _____ Ethnic Origin _____
 Doctor's Name & Tel # _____
 Emergency Contact Name & Phone # _____

Treatment Requested (please circle) / Hair Removal / Skin Rejuvenation / Vascular / Pigmentation / Acne / Other

Area(s) (please circle): / neck / tummy line / palm size of back of leg / sides of bikini / full bikini / Brazilian / upper back / upper chest / shoulders / forearms / half leg (below knee)

Lifestyle & medical History – please circle as appropriate.

If you do not understand or recognize the condition, then please discuss with your IPL operator.

| | | | | | |
|---|-----|----|-------------------------------------|-----|----|
| Pregnant (or planning pregnancy) | Yes | No | PCOS/Hormonal Imbalance | Yes | No |
| Sun tanned/Using sun beds or fake tan | Yes | No | Thyroid Condition | Yes | No |
| Skin Pigmentation Disorders (melasma, vitiligo) | Yes | No | Regular Smoker /Alcohol Consumption | Yes | No |
| History of cancer (or chemo/radio therapy) | Yes | No | Psoriasis/Eczema | Yes | No |
| Diabetes | Yes | No | Depression/Anxiety | Yes | No |
| Epilepsy | Yes | No | Herpes (Shingles/Cold sores) | Yes | No |
| Lymphatic/Immune System Disorders | Yes | No | High Blood Pressure | Yes | No |
| History of Keloid formation/scarring | Yes | No | Photosensitive conditions | Yes | No |
| Lupus | Yes | No | Allergies | Yes | No |
| Communicable Diseases (Hepatitis/HIV) | Yes | No | | Yes | No |

Are you:

Currently taking any medication or any supplements?

No/Yes (please specify the condition & medications)

Currently using/used in the last 3 months, any of the following? (please circle)



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St John's Wort / Amiodarone / Tetracycline Antibiotics / Anticoagulants / Gold Medications
Oral or Topical Retinoids (e.g. Roaccutane or Retin A) / Oral or Topical Steroids

Recovering from any major medical treatment or photodynamic therapy (PDT) within the last 6 months? No/Yes (please specify)

Ever had any of the following? (please circle)

Moles / Birthmarks / Tattoos / Permanent makeup / Chemical peel / Botox / Injectable fillers / None

Had previous Laser or IPL treatment? No / Yes

What products do you use on your skin?

Please indicate how your skin responds to midday summer sun exposure with no sunscreen:

Skin Type 1 Always burns, never tans

Skin Type 2 Easily burnt, eventually gets a moderate tan

Skin Type 3 Sometimes burns, quickly gets an average tan

Skin Type 4 Rarely burns, quickly gets a deep tan

Skin Type 5 Very rarely burns, consistent tan

Skin Type 6 Never burns, consistent tan

Do you currently have a real or fake tan? No / Yes

Have you had any sun exposure or sun beds in the last 4 weeks? No / Yes

Tick to confirm points have been discussed:

| | | | |
|--------------------------------|----------------------------|-----------------------|------------------------------------|
| How treatment works | Pre/Post treatment care | SPF Advice | Typical no. of treatments/interval |
| Likely clinical outcome | Sensation during treatment | Possible side effects | Cost after sessions are finished |
| Any further questions/Comments | | | |



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IPL / Laser Pre-treatment Instructions

- ✓ Following these Pre-treatment instructions closely will optimize your treatment results with the IPL (Intense Pulsed Light):
- ✓ Use sunscreen with SPF of at least 30 days. Sunburned skin cannot be treated.
- ✓ Avoid any irritants to your face, such as any products containing hydroquinone, bleaching creams, Retin-A, retinol, benzoyl peroxide, glycolic/salicylic acids, astringents or chemical peels for at least two (2) weeks.
- ✓ If you have a history of hyperpigmentation (darkening of the skin) with laser treatments or other trauma, please let us know, so we may prescribe a lightening agent prior to the procedure to reduce this reaction.
- ✓ Do not use self-tanning agents for at least two (2) weeks prior to treatment. If you have used these products, thoroughly cleanse the area with abrasive / exfoliating scrub to remove all product two (2) weeks prior to any treatment.
- ✓ For hair removal: do not pluck or wax for at least one (1) month prior to your first treatment, continuing through the course of your treatments. Plucking / waxing removes the target hair.
- ✓ Do not bleach or use “Nair”- type products for two (2) weeks prior to treatment, as this can irritate the skin.
- ✓ Please do not wear any makeup, perfume, or lotions in the treatment area prior to your treatment.
- ✓ Before each treatment, please inform us if you are taking any new antibiotics or medications, as they may make your skin sensitive to light treatments, and therefore, we may not be able to treat you for one (1) or two (2) weeks after completion of the antibiotic.
Shave the area to be treated one (1) day prior to your appointment.

IPL / Laser Aftercare Instructions

- ✓ Immediately after the Intense Pulsed Light treatment, there may be redness and bumps at the treatment site, which will last up to two (2) hours up to a few days. It is normal for the treated area to feel like a sunburn for a few hours. You may use a cold compress, aloe vera gel, or 1% hydrocortisone if needed. If treating the face, please continue using sun protectant with SPF 30+ daily for the entire treatment period.
- ✓ Do not pick, as scabbing could lead to scarring.
- ✓ Makeup may be used after the treatment if there is no extended redness, blistering, or scabbing. Make sure that you have moisturizer on under your makeup; use it frequently on the treated area.
- ✓ Avoid sun exposure for four (4) to six (6) weeks after the treatment to reduce the chance of dark and light spots. Use sun protectant SPF 30 or greater with zinc oxide and titanium dioxide at all times throughout the course of treatment. Even waterproof sun block is good for only 80 minutes, so reapply hourly.
- ✓ Do not use any other forms of hair removal methods (tweezing, waxing, depilatories) or products on the treated area during the course of the laser treatment, as it will prevent you from achieving your best results. You may shave the area if needed.
For hair removal...anywhere from five (5) to fourteen (14) days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth,



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but dead hair pushing its way out of the follicle. You can help the hairs exfoliate by taking a hot shower and rubbing with a washcloth or loofah sponge.

- ✓ Until initial skin irritation subsides, avoid hot water and anything irritating to the skin. Advil or Motrin can be helpful.
- ✓ Avoid any irritants to your face, such as any products containing Retin-A (tretinoin), retinol, benzoyl peroxide, glycolic / salicylic acids, astringents or chemical peels for at least two(2) days.
- ✓ Do not wear tight, constricting clothing in the treated area as irritation can occur and skin cannot cool properly.
- ✓ Do not exercise, receive any body treatments, take hot showers, or use saunas or hot tubs until skin is back to normal (2-3 days).
- ✓ Hypopigmentation (lightening) or hyperpigmentation may occur with any laser treatment, and usually resolves within 4-6 weeks. If you have a tan when you are treated with the laser, the pigmentary changes may take up to 2 years to resolve.
- ✓ Contact the office if you have any signs of infection (pus, tenderness, fever)

Informed Consent for IPL Treatment

Please read this consent form and tick each box to indicate you understand and accept the information contained herein.

- The information I have given is correct to the best of my knowledge, and I have not withheld any known medical state or condition. I will inform the IPL operator before treatment if there has been any change (for example in medications taken).
- I understand that the results from this treatment vary considerably and a small percentage of people will not respond satisfactorily to treatment.
- I understand that multiple treatments are necessary to achieve satisfactory results.
- I understand that there is no guarantee of permanent results and maintenance treatments may be necessary.
- I understand that I must avoid sun exposure on the treated area for the duration of the treatment (and for up to 1 month afterwards) or use a high sun protection factor to avoid sun damage.
- I understand that there may be short-term side effects such as reddening, bruising, swelling, mild burning or blistering, hypo-pigmentation, (lightening of the skin) or hyper-pigmentation, (darkening of the skin), as well as rare side effects such as scarring and permanent discoloration.
- I understand that there are certain risks associated with IPL/Laser and they include but are not limited to: redness, localized swelling and mild tenderness. Although, rare adverse effects such as light burns, blister and bruises may occur. On occasion IPL/Laser treatment may cause pigmentation changes to the skin.
- I understand that I must wear protective eye goggles to prevent damage from the light.
- I understand that I must shave body parts for treatment 1 or 2 days before each session, I also understand that if areas are not shaved, the salon is unable to continue with session and this will count as 1 session.
- I understand that no waxing, plucking in certain cases hair removal cream between treatments.



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I understand that any surcharges quoted for extended areas throughout my course of treatment.

I have been quoted the following:

Area

Per session

Areas included:

| | | | | |
|--|------------|--------------------------|-----------------|--------------------------|
| neck | tummy line | palm size of back of leg | sides of bikini | high bikini (surcharges) |
| Brazilian (surcharges) (below knee) | upper back | upper chest | shoulders | forearms half leg |

I certify that I have read and understood all the information and my questions have been answered before signing this consent form.

I consent to the terms of this agreement.

Client Name

Client Signature

Operator Signature

Date

Treatment Assessment (to be completed by the operator)

HR/SR/Vascular/Pigmentation/Acne Patient Parameters/Treatment Energy Skin Type (1 - 4)

Skin condition after treatment

Redness: 0 - 4

Swelling: 0 - 4

Sensitivity: 0 - 4

I have been advised on how to care for my skin after the IPL treatment and I will follow the procedure as stated.

Client Signature

Therapist Signature

Additional Information:

There have been no changes to my health history since my last treatment and I am not taking any new medication.

Print name

Date

Signature