all about you

Health Management Since 2006

IPL Laser Intake Packet

Complete packet prior to treatment

CONSUMER EXCLUSION CRITERIA

- **Unprotected sun exposure or use of tanning beds or creams.** If you have had unprotected sun exposure in the areas to be treated in the last 1 week you must notify your treatment provider. Protected sun exposure means wearing of protective clothing or use of a SPF # 30 or greater sunscreen.

- **Pregnancy**- If you are pregnant you should not have any treatments with light based devices. Although there is no evidence at this time of fetal harm from light-based system, the results of the treatment may be erratic/ unreliable due to fluctuations in hormonal levels and changes in physiological conditions.

- **Menstrual dysfunction**- If you have menstrual dysfunction or are known to have elevated androgen levels you should see an endocrinologist for evaluation and possible medical treatment. You may tend to have excess hairiness due to your disease, which may respond to medical treatment.

- **Use of mechanical epilation**- Notify your treatment provider if you are seeking hair removal and have used a mechanical epilation method less than 3 weeks prior to treatment. This includes plucking, waxing, tweezing, electrolysis or sugaring.

- **Allergies**- Inform your treatment provider of any allergies to medications, latex, foods or other substances.

- **History of seizures**- If you have a history of seizures or are taking an anti-seizure medication you should not have treatments with a light based device. Flashing lights may trigger a seizure.

- **Medications**- Inform your treatment provider of both prescription and non-prescription medications you are taking. Be sure to include herbal and natural remedies as some may cause photosensitivity. Consumers should not be taking Accutane, anti-coagulants or St. John's wort.

- **History of keloid & hypertrophic scar formation**- Although scarring is rare, picking or pulling off scabs or crusting can result in scarring. For this reason it is recommended to exclude you from the treatment if you have a known tendency to form keloid or hypertrophic scars.

- **Active infections/ Immunosuppression**- Active infections and immunosuppression compromise the healing ability of the body. If you currently have an active infection, your treatment will be postponed until the infection is cleared.

- **Open lesions**-Treatment should only be done on intact, healthy skin.

- **Herpes I or II**- within the treatment area. If you have a history of herpes outbreaks in the area of treatment you should consult your Primary Care Provider for medical evaluation and possible prophylaxis prior to treatment.

- **Tretinoin (Retin-A , Renova)**- Although tretinoin use in the area to be treated is not absolutely contraindicated, it is, however, known to make skin more sensitive and prone to exfoliation. You are advised to discontinue use of tretinoin and other skin exfoliating products 2 weeks before and during the course of treatment.

- **Oral isotretinoin/ Accutane**- You will be excluded from treatments with the light based device if you have taken Accutane within the preceding 6 months. Accutane changes the underlying structure of the skin, which may cause unreliable results. It may also increase skin sensitivity to light.

Initial: _____

MEDICAL HISTORY FORM

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: Female ❒ Male ❒

Telephone: Home: _____ Work: _____

Cell: _____

Family Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

Emergency Contact: _____ Phone: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.	**YES**	**NO**
1. Do you have **ANY** current or chronic medical illnesses we should know about? Please List: _____	❒	❒
2. Are you currently under a doctor's care? If so, for what reason? _____	❒	❒
3. Do you take/use **ANY** medications, herbal or natural supplements, or topicals on a regular or daily basis? Please List: _____	❒	❒
4. Do you have **ANY** allergies to medications, foods, latex, or other substances? Please List: _____	❒	❒

MEDICAL HISTORY	**YES**	**NO**
5. (For women) Are you or could you be pregnant?	❒	❒
6. (For women) Are your menstrual periods regular?	❒	❒
7. Do you have a history of herpes I or II in the area to be treated?	❒	❒
8. Do you have a history of keloid scarring?	❒	❒
9. Have you taken Accutane or anticoagulants in the last 6 months?	❒	❒
10. Do you have any permanent make-up, implants, or tattoos? If yes, please list locations: _____	❒	❒
11. Have you ever had any unprotected sun exposure, used tanning creams, or tanning beds in the last 4-6 weeks?	❒	❒

12. Which body area(s) or condition would you like treated? _____

Signature: _____ **Date:** _____

CONSENT FOR LASER / LIGHT BASED TREATMENT

I authorize ***all about you*** to perform laser/pulsed light cosmetic dermatology treatments on me, including but not limited to: hair removal, treatment of pigmented lesions, vascular lesions, acne, and/or fine lines. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypo-pigmentation (lightening of the skin) or hyper-pigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks including crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve desired result.
- Lasers/intense pulsed light can cause eye injury and protective eyewear must be worn during treatment.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chance of complication.
- If I am unable to keep my appointment, I will give at least 24-hour notice, otherwise charges will be applied for the time reserved.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

Initials/Date:_____ Initials/Date: _____

Initials/Date:_____ Initials/Date: _____

Initials/Date:_____ Initials/Date: _____

Initials/Date:_____ Initials/Date: _____

Client signature:_____Date: _____

Print name:_____

Witness signature: _____Date: _____

Print name:_____

Client Name: _____ Date: _____ Score: _____

What is your skin type score?

The Fitzpatrick scale is most often used for skin type classification.

		0	1	2	3	4
	What is your eye color?	Light blue or gray	Blue or green	Hazel, Light brown	Dark brown	Brownish black
	What is the natural color of your hair?	Red, Strawberry blonde	Blonde	Light brown, Chestnut, Brown	Dark brown	Black
	What is the color of your skin? (unexposed areas)	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had burns
	To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed, or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

Add above column for total score:	**Match your total score with the corresponding skin type:**	**Fitzpatrick Skin Type:**
	0-7	**I**
	8-16	**II**
	17-25	**III**
	26-30	**IV**
	Over 30	**V-VI**

CONSULTATION CHECKLIST

Name:_____Date: _____

Pulsed light technology explained?	❒ Yes	❒ No
Pulsed light treatment explained? (what it feels like, how long it takes, number of treatments needed, etc.)	❒ Yes	❒ No
Potential risks explained? (temporary pigment changes, redness, crusting, etc.)	❒ Yes	❒ No
For hair removal: Hair Growth Cycle reviewed, waiting period between treatments explained?	❒ Yes	❒ No
Anatomical Treatment Areas Chart reviewed?	❒ Yes	❒ No
Pricing discussed?	❒ Yes	❒ No
Skin Typing Worksheet completed?	❒ Yes	❒ No
Exclusionary Criteria reviewed?	❒ Yes	❒ No
All client questions answered?	❒ Yes	❒ No
Variability of success discussed?	❒ Yes	❒ No
Consent to Pulsed Light Treatment Form reviewed and signed?	❒ Yes	❒ No
Test spots performed? (Fill in chart below if Yes)	❒ Yes	❒ No
Post-Treatment Instructions given to client?	❒ Yes	❒ No

Fitzpatrick Skin Type: _____

Hair color:_____

TEST SITES

Area	Spot Size	Handpiece	Button	Pulses

Comments:_____

_____

_____

TREATMENT SHEET

Client Name: _____ Phone: _____

Email: _____ Location: _____

Treatment #1 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level ____ Pulse Length _____
Comments _____
_____
_____
Signature _____

Treatment #2 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level ____ Pulse Length _____
Comments _____
_____
_____
Signature _____

Treatment #3 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level ____ Pulse Length _____
Comments _____
_____
_____
Signature _____

Treatment #4 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level _____ Pulse Length ____
Comments _____
_____
_____
Signature _____

Treatment #5 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level _____ Pulse Length ____
Comments _____
_____
_____
Signature _____

Treatment #6 Date: _____
Test Spots Yes / No
# of Pulses _____
Handpiece R Rs Y G
Power Level _____ Pulse Length ____
Comments _____
_____
_____
Signature _____

POST TREATMENT INSTRUCTIONS

General

- A mild sunburn-like sensation is expected. This usually lasts 2-24 hours but can persist up to 72 hours. Mild swelling and/or redness may accompany this, but it usually resolves in 2-3 days.
- Apply ice or cold packs to the treatment area for 10-15 minutes every hour for the next four hours, as needed. An oral, non-steroidal anti-inflammatory, such as acetaminophen may be taken to reduce discomfort. Use according to manufacturer's recommendations.
- In some cases, prolonged redness or blistering may occur. An antibiotic ointment may be applied to the affected areas twice a day until healed.
- Bathe or shower as usual. Treated areas may be temperature-sensitive. Cool showers or baths will offer relief. Avoid aggressive scrubbing and use of exfoliants, scrub brushes, and loofa sponges until the treatment area has returned to its pre-treatment condition.
- Until redness has completely resolved, avoid all of the following:
    - Applying cosmetics to treated areas.
    - Swimming, especially in pools with chemicals, such as chlorine.
    - Hot tubs and Jacuzzis.
    - Activities that cause excessive perspiration.
    - Sun exposure to treated areas. Apply an SPF-30 or greater sunscreen to prevent development of new pigmented lesions.

For Hair Removal

- Appearance of hair growth or stubble will continue for 7-30 days post-treatment. This is not new hair growth, but the treated hairs being expelled from the skin.
- In clients with facial hirsutism who have been diagnosed with polycystic ovarian syndrome and presenting ovarian hyperandrogenism, there is a risk of paradoxical effect resulting from the activation of dormant hair follicles in untreated areas close to hirsute-treated areas.

For Pigmented Lesion Treatment

- The lesion may initially look raised and/or darker with a reddened perimeter.
- The lesion will gradually turn darker over the next 24-48 hours. It may turn dark brown or even black.
- The lesion will progress to scabs/crusting and will start flaking off in 7-14 days. Do not pick, scratch, or remove scabs.
- The lesion is usually healed in 21-30 days. It will continue to fade over the next 6-8 weeks.

For Vascular Lesion Treatment

- The vessels may undergo immediate graying or blanching, or they may exhibit a slight purple or red coloring. The vessels will fully or partially fade in about 10-14 days. Do not pick, scratch, or remove scabs.
- Repeat treatments may be performed every 7-10 days if skin has fully recovered.