



IPL Consultation and Consent Form

Name _____ Date Of Birth _____

Type of Treatment

- Hair Removal
- Acne Treatment
- Skin Rejuvenation

What method of hair removal do you currently use (if applicable tick below)

- Waxing
- Shaving
- Depilatory Creams
- Electrolysis
- Other

Do you have a family history of superfluous (excess) hair? Yes No

Do you have any current or chronic medical illnesses? Yes No

Details _____

Are you currently under a doctor's care? Yes No

Details _____

Are you taking any photosensitising medication? (ie. Anti-depressants, St. John's Wart etc?) Yes No

Details _____

Permanent makeup, implants or tattoos? Yes No

Details _____

Botox, dermal fillers etc or chemical peels (within 12mths) Yes No (Note: some products can react with IPL)

Do you smoke? Yes No

If yes, how many per day? _____

Do you have any allergies? Yes No

Details _____

How would you rate your skin in the area to be treated?

- Type I Always burn, never tan > Extremely fair skin/blonde hair/blue/green eyes
- Type II Usually burn, tan less than about average > Fair skin, sandy brown to brown hair, green/blue eyes
- Type III Sometimes burns, gradually tans about average > Medium skin, brown hair, green/brown eyes
- Type IV Sometimes burns, tans > Light brown or olive skin, dark brown eyes and hair.
- Type V Rarely burns, tans profusely > Dark brown skin, black hair, black eyes
- Type VI Deeply pigmented, never burns > Black skin, black hair, black eyes

Medical Informed Consent

I consent and authorise Elements Beauty Spa to perform pulsed light treatment on me. I understand the following points and have had the opportunity to ask questions during my consultation.

- Allergic or delayed inflammatory reactions can develop. A test patch can be performed to ascertain reaction of the skin to IPL
- Intense Pulsed Light Systems can cause eye injury and protective eyewear must be worn during treatment
- I understand the sensation of light based treatments is sometimes uncomfortable and feels like a flicking sensation
- I am aged 18 years or over (otherwise parent or guardian to sign)
- I will advise Elements Beauty Spa of any changes that occur during my treatment that can increase potential risks or reduce efficacy
- I also understand that there will be no refund for any performed services in relation to my initial and all subsequent treatments

I advise that: (Please Tick)

- I have not had unprotected sun exposure (including tanning beds and fake tan creams) in the last 4 weeks
- I have not used mechanical epilation, waxed or tweezed
- I have no history of seizures and I have disclosed all known allergies (e.g. Latex, etc)
- I am not taking medications causing photosensitivity (prescription/non-prescription) eg. St John's Wort, Anti-coagulants, etc
- I do not have a history of keloid & hypertrophic scar formation
- I do not have active infections/Immunosuppression
- I do not have open lesions in the areas to be treated
- I do not have Herpes I or II – in the areas to be treated
- I have not used Tretinoin (Retin –A, Renova) within the last 2 weeks.
- I have not had Laser Resurfacing within the last 6 months
- I have not a Chemical Peel – within the last 4 weeks
- I have not used Oral isotretinoin/Accutane – within the last 6 months
- I have advised my clinician if I am diabetic
- I am not pregnant/planning, do not have hormonal imbalances or taking any medication which may affect treatment outcomes
- I have received the Pre and Post Care Information Sheet. I agree to adhere to all these recommendations
- If my treatments related to facial hair reduction, I have been advised of the possibility of on-going long term maintenance.

I have read all of the above and had all my questions satisfactorily answered. Note: Do not sign this form until you have read and understood all of the above.

Name _____ Date _____

Signature _____ Clinician (witness) _____



Pre and Post Care Information Sheet

This is your copy to take home with you

Pre IPL Treatment Recommendations (Hair Removal)

- Do not wax, pluck, use depilatory creams or undertake electrolysis for 4 weeks prior to treatment, and in between treatments
- Do not use prescription strength exfoliant creams (Retin-A and Alpha Hydroxy) for 2 weeks prior to treatment
- Do not shave for up to 2 weeks prior to first treatment. Please shave the night before all subsequent treatments
- Avoid tanning, including self-tanning lotions, tanning bed/booths or sun exposure, for 4 weeks prior to and in between treatments. A sunscreen with SPF 30 or greater should be used on any area of sun-exposed skin, which you plan to treat
- A mild sunburn-like sensation is anticipated. This usually resolves within 2-3 hours of treatment but may persist for up to 2 days. Application of chilled aloe vera gel or an ice pack every hour for 5 to 10 minutes may be soothing to the skin. Continue until symptoms subside
- Avoid sun exposure to treated areas. Apply a sun block with SPF 30 or greater daily to sun-exposed treated areas between treatments and for 4-6 weeks after last treatment
- Bathe or shower as usual. Treated areas may be temperature sensitive. Avoid use of strongly scented lotions or soaps, prescription strength exfoliant creams, loofah sponges, and aggressive scrubbing to treated areas during healing phase
- Appearance of "stubble" may appear in 1 to 4 weeks. This is not hair re-growth. It is the remnant of treated hairs being expelled from the IPL-damaged follicle. Allow this hair to fall out of the skin on its own or by gently washing with a warm wet washcloth. Do not pluck or tweeze. You may shave during this period if you must (Shaving can promote growth)
- Best results are obtained on clients who have follow up treatment immediately after hair starts to grow. Your clinician will advise you when you should schedule your next appointment. It is important to adhere to this regime (Usually every 4 weeks)
- The treated area will progress to scabs/crusting and will start flaking off in 2 to 3 days
- The treated area is usually healed in 7-10 days. It will continue to fade over the next 2 to 4 weeks
- Direct sunlight to the treated area should be avoided. Daily application of a SPF30 is recommended to prevent development of new lesions
- There is a possibility of extra hair loss surrounding specific treatment areas

IMPORTANT - With all IPL treatments described above, the following recommendations apply:

Until redness has completely resolved, avoid all of the following:

- Applying cosmetics on treated areas
- Swimming, especially in pools with chemical/chlorine
- Hot tubs, spas and jacuzzis
- Activities that cause excessive perspiration
- Avoid sun exposure to treated areas

Do not pick, scratch or remove scabs as this will cause unwanted side effects

Apply a sunscreen with SPF 30+ daily to sun exposed skin, AND REAPPLY AS DIRECTED BY PRODUCT INSTRUCTIONS

Increased photosensitivity to UV, Laser and IPL can occur when taking certain medications. During your treatment programme, if you have commenced or changed dosage with the following medications, you must advise your clinician:

- Antibiotics – doxycycline (acne), minocycline, Tetracyclines, Sulphonamides
- Antihistamines – Diphenhydramone, Cyproheptadine
- Antidepressants
- Herbal preparations – st Johns wort, Ginko Biloba, citrus oils, Herbal HRT therapies

Taking these medications does not exclude you from IPL treatments; however, extra precautions are applicable in these cases

For ANY concerns or adverse reactions please contact Elements Beauty Spa or your doctor