

# IPL \_ Confidential Client Card

Name:- \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

PH: (H) \_\_\_\_\_

(W) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? Please Circle. **Mail or Star Newspaper**

Other? \_\_\_\_\_

Profession: \_\_\_\_\_

Full Time/ Part Time/Casual

## Medical Background:

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

If yes, for what?

Please list any medications or supplements:

Prescription	Non Prescription (inc Vitamins and Herbal)	Topical

Have you had surgery in the last 6 months?  Yes  No

If yes, please explain:

## Topics of Concern:

Hair Removal

Pigmentation

Diffused Redness

Visible Blood Vessels

Rosacea

Skin Rejuvenation

## GENERAL INFORMATION

Have you had any significant sun exposure in the last 4-6wks

Yes

No

Have you used sun beds or self tanning products in the last year?

Yes

No

Have you used Dermal Filler or Botox injections recently?

Yes

No

Do you have tattoos or permanent makeup in the areas to be treated?

Yes

No

Does your skin get blotchy, red or irritate easily?

Yes

No

Are you sensitive to soaps, lotions, hydroquinone or skin bleaching agents?

Yes

No

Are you a smoker?

Yes

No

## Have you experienced or been treated for the following:

Septicaemia

Epilepsy

Polycystic Ovarian Syndrome

Skin cancer

Keloidal scarring

Irregular periods

Cancer

Skin pigmentation

Thyroid

Heart problems

Lupus

High blood pressure

Cold sores

AIDS/HIV

Depression

Diabetes

Metal rods or plates

Pacemaker

Hepatitis

Hearing aid

Roaccutane

Photosensitising drugs

Hormone drugs

Menopause/HRT

Latex Allergy

Birth control pill

Anti-inflammatory drugs

Anti - coagulants

Insulin

Cortisone

Steroids

## IPL Profile & Consent

I understand there may be some degree of discomfort including inflammation, bruising and redness, swelling and erythema with having this treatment/procedure.

I understand there are no guarantees as to the results of this treatment, due to many variables such as: age, condition of skin, sun damage, smoking, climate, etc. I understand that each case is Individual.

I have not had any other Laser or IPL treatment of any kind within a minimum of 21 days prior to having this treatment.

I understand that I cannot have another treatment within a minimum of 21 days of this treatment, whether the treatment is performed at this location or any other location

I understand that to achieve maximum results, I will need several treatments.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I agree to refrain from sun tanning booths or sun exposure while I am undergoing treatment.

I understand that although complications are very rare, sometimes an unexpected outcome may occur and that prompt treatment is necessary. In the event of any unexpected outcome, I will immediately contact the doctor / technician who performed the treatment.

I have read the list of medications that may cause me to be photosensitive.

I have disclosed to the treatment practitioner all information that has been requested and agree to have this treatment performed on me.

I further agree to follow all post procedure care instructions as I am directed.

I acknowledge that I have read and received a Post Procedure Care

I agree that I do not suffer from epilepsy, porphyria, diabetes, psoriasis, dark moles, tattoos, micropigment, eczema, dermatitis, skin tumours, skin cancer, hypopigmentation, hypopigmentation, tanned skin or may be pregnant.

I agree I have not used aromatherapy and/ or self tanning products within the last 10 days

I agree I have not got active melanin at present in the skin, have not got tanned skin or used a sun bed in the last 4 weeks

I agree that I have not had laser treatment or chemical skin peeling in the area to be treated

I agree that I am not taking any medication that is photosensitive

My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed

Please note any packages purchased consisting of 3 or more treatments. We require a 24 hours notice other wise the treatment will be taken out of your package. Smooth curves does not give any refunds to any monies paid if the client decides to change their mind.

Client Signature.....

Date:.....