

# IPL - Confidential Client Card

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

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

Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Mobile: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

Is the Client pregnant?  
 Yes  No (If yes, decline treatment)

Is the Client using tanning booths or had sun exposure?  
 Yes  No (If yes, decline treatment)

Does the client play outdoor sports?  
 Yes  No

Has the client had a holiday recently?  
 Yes  No

Has the Client had Dermal Filler or Botox injections recently?  
 Yes  No (Wait approx. 7 days before/after injections)

Has the Client had cancer or cancerous lesions?  
 Yes  No (If yes, decline treatment)

Does the Client get cold sores / fever blisters?  
 Yes  No  
(If there is a regular occurrence, have the Client use their usual medication to help prevent an outbreak following the Treatment.)

Is the Client using?  
 Retin - A  Roacutane

How frequently?  
(Do not perform this treatment while the client is on Roacutane. Discontinue use of Retin - A for at least 2 weeks prior to a treatment and at least 6 months following completion of Roacutane)

Is the Client using any photosensitive medications?  
 Yes  No

Or  
 Hormones  Contraceptive Pill  Other Medication

(Some medications may produce a heightened sensitivity or act as a trigger for hyper pigmentation.) Please list:

Does the Client smoke?  Yes  No

Does the Client have any allergies? If so, specify:

**Possible Contraindicated Conditions: \***

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Septicaemia       | <input type="checkbox"/> Recently tanned          | <input type="checkbox"/> Polycystic Ovarian Syndrome |
| <input type="checkbox"/> Easily bruised    | <input type="checkbox"/> Pregnancy                | <input type="checkbox"/> Scleroderma                 |
| <input type="checkbox"/> Skin lacerations  | <input type="checkbox"/> Bleeding disorders       | <input type="checkbox"/> Vasculitis                  |
| <input type="checkbox"/> Heart disease     | <input type="checkbox"/> Lupus                    | <input type="checkbox"/> Gold injections             |
| <input type="checkbox"/> Active cold sores | <input type="checkbox"/> Induced photosensitivity | <input type="checkbox"/> Diabetes                    |

**Possible Contraindicated Medications:\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anti - coagulants      | <input type="checkbox"/> Insulin            | <input type="checkbox"/> Tranquillisers / antipsychotics |
| <input type="checkbox"/> Cortisone              | <input type="checkbox"/> Steroids           | <input type="checkbox"/> Other medications**             |
| <input type="checkbox"/> Roacutane or Retin - A | <input type="checkbox"/> Thyroid medication |  |

\*Please consult a medical practitioner before undergoing IPL Treatment.

\*\*Please indicate medication:

**Therapist Use Only**

Fitzpatrick Skin Type:  
 I  II  III  IV  V  VI

	Working Classification	Colour	Tentative grouping based on ethnicity & skin complexion
I	Always burn easily; never tan; extremely sensitive to sun	White	Primarily red headed individuals and blondes with light complexion
II	Always burns easily; tans minimally; very sensitive to sun	White	The largest percentage of Caucasian individuals Fall into these categories
III	Sometimes burns; tans gradually to light brown; sun sensitive skin	White Asian	The largest percentage of Caucasian individuals Fall into these categories
IV	Burns minimally; always tans to moderate brown; minimally sun sensitive	Moderate Brown	Individuals of Oriental, American Indian, Mediterranean and Latin American descent
V	Very rarely burns; tans well; sun insensitive skin	Dark Brown	Light complexion African – American individuals, and those of Indian descent
VI	Never burns; deep pigmented; sun insensitive skin	Black	Dark skinned individuals

## IPL Profile & Consent

I understand there may be some degree of discomfort including inflammation, bruising and redness 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 21 days prior to having this treatment.

I understand that I cannot have another treatment within 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

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:.....

## Photosensitivity

Photosensitivity is a term used to describe an abnormal sensitivity to UV rays from the sun or by other exposure to UV light. Some medications can cause an increased sensitivity to UV light or Intense Pulsed light therapy or other light based therapies. It is therefore advisable that clients who participate in Intense Pulsed Light therapy either discontinue taking the medication 2 weeks prior and during the treatment, limit exposure to the sun and increase protection while undergoing treatment, or to refrain from having Intense Pulsed Light therapy. If in doubt please contact your physician before agreeing to have an IPL treatment or light based therapies.

### Antibiotics

- Doxycycline – often used for acne (*Vibramycin, Doryx, Doxsig, Doxy 100, Vibra-tabs*)
- Griseofulvin – used for ringworm (*Grisovin*)
- Minocycline – used for long term acne treatment (*Minomycin, Akamin*)
- Tetracyclines – also used for acne (*Tetrex, Mysteclin, Achromycin*)
- Sulphonamides (*Bactrim, Septrim, Sultrin*)

### Antihistamines

- Diphenhydramine (*Dramamine*)
- Cyproheptadine (*Periactin*)

### Antidepressants

- Amitriptyline (*Tryptanol, Triptine, Amitrol, Endep, Mutabon*)
- Imipramine (*Melipramine, Tofranil*)
- Nortriptyline (*Allergron*)
- Antimalarials
- Chloroquine
- Quinine

### Herbal preparations and Miscellaneous

- St Johns Wort
- Gingko Biloba
- Orange Oil (*possible other citrus oils*)
- Herbal HRT Therapies

*Remember, taking these medications does not exclude you from having and IPL treatment, but you must take extra precautions when contemplating any sun exposure.*

*Some contraindications may include swelling, bruising, hyperpigmentation, which may require additional IPL treatments.*

**Allergies** – Confirm with consumer any allergies to medications, latex, foods or other substances

### Advise the consumer to,

- Discontinue sun tanning and the use of tanning beds and self tanning creams 4 weeks before and throughout the treatment course and 4-6 weeks after treatment. This will reduce the chance of skin colour changes and development of new lesions.
- Always use SPF-30 or greater sunscreen on all exposed treatment areas and re-apply every 2 hours throughout the day. Wear protective light-occluding hats and clothing.
- Discontinue use of exfoliating creams such as Retin-A and other skin exfoliating products two weeks prior to and during the entire treatment course.
- Refrain from tweezing, waxing, sugaring, electrolysis or other epilation methods for at least 6 weeks prior to treatment and for the duration of treatments. It is best to shave or trim excess hair during the course of treatment.

**Test Patch:** \_\_\_\_\_ **Result:** \_\_\_\_\_

### Type of Treatment

- Hair Removal       Benign Pigmented Lesions       Acne  
 Vascular Lesions       Photo Rejuvenation

### Settings

	2	3	4	5	6
A	B	C			

Did the Client sign the Consent Form?  Yes  No

## **IPL Information & Instruction Sheet for the Client**

### **Cleaning**

Quick, warm showers are recommended. If areas are treated other than the facial area, hot baths and showers are not advised for 24 hours after treatment.

### **Discomfort**

Cold packs, aloe vera or any other cooling preparations may be used to ease temporary discomfort.

### **Sun Exposure**

Prolonged sun exposure is to be avoided for 4 weeks before treatment and then for the following 3 weeks. SPF 30+ must be worn during the day at all times and thickly applied flesh coloured zinc for swimming.

### **Bruising**

Though it is unlikely, some bruising may occur. This is not harmful and will normally clear up in 1-7 days.

### **Blistering**

There is a slight possibility in developing a crust or blister. This is superficial, rarely results in any scarring and is treated like sunburn or any other blister.

### **Swelling**

Swelling may occur immediately after the treatment or within 24 hours after the treatment. This is temporary and not harmful. Cold packs or an over the counter hydrocortisone preparation (Egocort, Dermacort) may help to reduce the swelling.

### **Pigment Changes**

There is a slight possibility that some clients may experience hyperpigmentation (darker) or hypopigmentation (lighter) on the treated areas. These are generally temporary and will fade within 1-24 months.

### **Scarring**

Scarring is extremely rare and it is important to follow all of the post treatment instructions carefully in order to prevent infection.

### **Skincare Use**

As directed by your skincare professional.