

IPL

PATIENT INFORMATION FORM

The following is some general information that may answer questions you might have with regard to treatments with the IPL Lumenis One.

1. **Pain** - some patients feel discomfort during treatment. Exposure is limited to an extremely short pulse. Patients report the treatment feels like a rubber band snap. This discomfort may range from mild to moderate and does not last long. A mild burning sensation may last for up to one hour. A cold compress or ice pack may be used if desired.
2. **Healing** - there is always the slight possibility of developing a crust or blister. This is superficial, and rarely results in any scarring and is treated like a sunburn or any other blister.
3. **Pigment Changes** - the treated areas will probably heal without any pigment changes however there is always the slight chance that hyperpigmentation (darker) or hypopigmentation (lighter) areas may occur. These are generally temporary and will fade within 1-6 months. Sun exposure must be avoided three to four weeks prior to therapy and after, as exposure to the sun may intensify hyperpigmentation. It is rare that a change is ever permanent.
4. **Scarring** - is very rare and it is important to follow all the post treatment instruction carefully in order to prevent infection.
5. **Swelling** - may sometimes occur immediately after treatment. This is temporary and not harmful. Cold packs or a hydrocortisone preparation may reduce the swelling.
6. **Fragile Skin** - the skin that has been treated should be treated gently for a few days. It should not be rubbed and when applying makeup pat gently. Make-up can be applied immediately after treatment as long as the skin is not broken.
7. **Bruising** - is unlikely to occur. If bruising occurs it will normally clear up in 1-7 days.
8. We start with test areas to see how patients react to treatment. If the tests are satisfactory a session of treatments will follow. In dark skin types (IV-VI) a delayed skin reaction is common. It is therefore advised to wait 24 hours before full treatment.

IPL POST TREATMENT CARE

1. Quick warm showers are recommended.
If areas are treated other than the facial area, hot baths are not advised for 24 hours.
2. If the skin is broken or a blister appears apply an antibiotic ointment and notify the salon.
The area should be kept lubricated to prevent crusting or scabbing of tissue.
3. Cold packs, aloe vera or any other cooling preparation may be used to ease temporary discomfort.
4. Prolonged sun exposure is to be avoided for 4 weeks before treatment and then for the following 3 weeks.
A total sun block, not a sunscreen, should be applied if it is impossible to comply.
If further treatment is needed a commitment to stay out of the sun is necessary.
If there is direct sun exposure there are certain minor complications that may occur that should be discussed fully.
5. Any questions or concerns please have the patient contact the salon without hesitation.
6. Makeup can be applied as long as the skin is not broken. Makeup can also serve as an additional sunblock.

IPL MEDICAL HISTORY

Name _____

Address _____

Home Phone _____ Business Phone _____

Age _____ Referred By _____

Have you ever had the following?

Diabetes YES / NO

Epilepsy YES / NO

Bleeding Disorder YES / NO

Are you pregnant? YES / NO

What medications are you taking (including aspirin)? _____

Daily consumption of alcohol _____

Allergies _____

Are you taking and herbal preparations? (St. John's Wort. etc.)

If yes please list _____

Do you wear contact lenses? YES / NO

Skin Type (when exposed to the sun without protection for about 1 hour)

- | | |
|---|--------------------------|
| 1. always burns, never tans | <input type="checkbox"/> |
| 2. always burns, sometimes tans | <input type="checkbox"/> |
| 3. sometimes burns, sometimes tans | <input type="checkbox"/> |
| 4. always tans | <input type="checkbox"/> |
| 5. Hispanic, Asian, Mediterranean, Middle Eastern | <input type="checkbox"/> |
| 6. Black | <input type="checkbox"/> |

When were you last exposed to the sun (including tanning booth)? _____

Do you use chemical sun tanning lotions? YES / NO

Are you planning a holiday in the sun? YES / NO

Reason for visit (area to be treated) _____

Prior treatment (if any) _____

IPL INFORMED CONSENT

I understand that the IPL Lumenis One is an IPL device used for hair removal and that clinical results vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discolouration as well as short-term effects such as reddening, mild burning, temporary bruising and temporary discolouration of the skin.

These effects have all been fully explained to me _____ (please initial).

Based on clinical experience and discussion with other physicians it has been found that those people who tend to sunburn rather than tan usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all.

I understand that the treatment by the IPL Lumenis One system involves a series of treatments and the fee structure has been fully explained to me.

I also understand that there are other options for hair removal treatment that are available and each of these other options have fully been explained to me _____ (please initial).

With this in mind, I am choosing to try IPL Lumenis One non-invasive treatment for hair removal.

PHOTOGRAPHS ~ I do/do not give permission for photographs and other audio-visual and graphic materials to be used by the physician or Medtel/Lumenis for marketing, education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature _____

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patient's Name: _____

Signature: _____

Date: _____

Witness: _____

IPL

PATIENT INFORMATION FORM

Name _____

Address _____

Home Phone _____ Business Phone _____

Age _____ Referred by _____

Patient Skin Classification

1. Fitzpatrick Skin Type _____ (based upon exposure to summer sun)

- Type I Always burn, never tan
- Type II Always burn, sometimes tan
- Type III Sometimes burn, always tan
- Type IV Never burn, always tan
- Type V Moderately pigmented (Hispanic, Asian)
- Type VI Black

2. Fitzpatrick Wrinkle Class _____

3. Fitzpatrick Elastosis Score _____

Class	Wrinkling	Score	Degree of Elastosis
I	Fine wrinkles	1-3	Mild (fine textural changes with subtly accentuated skin lines)
II	Fine to moderate depth wrinkles, moderate number of lines	4-6	Moderate (distinct papular elastosis, individual papules with yellow translucency under direct lighting, and dyschromia)
III	Fine to deep wrinkles, numerous lines, with or without redundant skin folds	7-9	Sever (multipapular and confluent elastosis (thickened yellow and pallid) approaching or consistent with cutis rhomboidalis)

Personal Medical History (Current Complaint)

1. What type of problem are you consulting for:

- ☐ Sun spots
- ☐ Wrinkles
- ☐ Distended blood vessels (red spots that may be spidery in appearance)
- ☐ Flushing of the skin
- ☐ Large pores

2. How many years have you noticed this problem? _____

3. At what age did your skin problem occur? _____

4. Are your present skin problems getting more pronounced? Y / N

5. Have you ever been treated for this problem? Y / N

If yes, when? _____

By what method? _____

6. Are you currently taking medication for your skin problem? Y / N

If yes, which medication? _____

7. Are you pregnant, nursing or planning a pregnancy soon? Y / N

8. Do you have a history of keloid scarring? Y / N

9. Do you have a history of:

- | | |
|--|---|
| <input type="checkbox"/> Septicemia | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Herpes sores | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Easy bruisability | <input type="checkbox"/> Dark spots after pregnancy |
| <input type="checkbox"/> Skin injury | <input type="checkbox"/> Heart disease |

10. Have you had any allergic reactions to anaesthesia? Y / N

11. Do you have any allergies, especially skin related? Y / N

If yes, please specify _____

12. Do you have any allergy to medication? Y / N

If yes, please specify _____

13. Are you taking any medication?

- | | |
|--|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Anti-coagulants |
| <input type="checkbox"/> Hormones/contraceptives | <input type="checkbox"/> Cortisone |
| <input type="checkbox"/> Thyroid medication | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Sedatives | <input type="checkbox"/> Tranquillizers |
| <input type="checkbox"/> Appetite depressants | <input type="checkbox"/> Other (please specify) _____ |

Patient Signature _____ Date: _____

Pre-treatment Evaluation Form (At time of consultation)

Date ____/____/____ Sex F / M ____ Date of Birth ____/____/____

Skin Type ____ Wrinkle Class ____ Elastosis Score ____

Photo taken ----- ☐