

QUESTIONNAIRE, INFORMED CONSENT & POST TREATMENT ADVICE

To serve you best, we need to know you better. Please provide the following information in strict confidence.

Name: DOB: Occupation:

Address: Post Code:

Mobile: Home/Work: E-mail:

Do you wish to be reminded of Appointments, Special Offers or Information? YES: NO:
 If YES do you wish to be reminded of Appointments by: Phone: SMS: E-mail:

We may need to contact your GP in an emergency or for advice. Do we have your permission? YES: NO:

Name & Address of GP:

Tel: E-mail:

Please indicate below by ticking the boxes and make our Doctor, Nurse or Therapist aware of ANY medical problems or treatments you are having or have ever had no matter how small.

General Health:

Are you pregnant or breastfeeding? YES: NO: Do you smoke? YES: NO: Sun tan? YES: NO:
 Do you bruise easily? YES: NO: Healing Rate Normal: Slow: Artificial Tan YES: NO:
 Are you under the care of physician? YES: NO: If YES for what condition:

Please review the following lists of medications and treatments and tick any you have had in the past two years. If the medications are not listed add them at "Any other" below and discuss at consultation. Please note some drugs, including illegal drugs and herbal medications can seriously affect your photo sensitivity and cause severe adverse reactions. Please be frank we will maintain complete confidence.

- Steroids, Betnovate, Prednisone, Hydrocortisone, Anti-Depressants, Herbal Remedies, Aspirin,
- St. John's Wort, Brufen, Antibiotics, Avelox, Cipro, Floxin, Levaquin, Noroxin,, Tequin,
- Zagem, Gold Therapy, Amiodarone, Pacerone, Retin A or Similar Medications, Micro, Renova,
- Vaniga, Differin, Tazorac, Minoxidil, Regaine, Minodox, Isotretinoin, Tretinoin, Actuane,
- Amoxicillin, Augmentine, Cyclosporine, Bactrim, Septa, Macrobid, Tetracycline, Adoxa, Doryx,
- Minocin, Vibramicin, Glycolic Acid, Azathioprine, Monodox, Chemotherapy, Hormonal Therapy,
- Any other - including illegal or recreational drugs and all herbal medications:

Do you have or have you had any of the following conditions or treatments? Please tick any that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis / Bursitis | <input type="checkbox"/> Healing/Scaring Disorders | <input type="checkbox"/> Sensitivity to Light |
| <input type="checkbox"/> Blood / Heart Related Disorder | <input type="checkbox"/> Psychiatric Problems | <input type="checkbox"/> Heart Problems or Stroke |
| <input type="checkbox"/> Botox Treatments | <input type="checkbox"/> Hepatitis A / B / C | <input type="checkbox"/> Stress Related Illness |
| <input type="checkbox"/> Dermal Filler Treatments | <input type="checkbox"/> Herpes | <input type="checkbox"/> Tattoos / Birth Marks |
| <input type="checkbox"/> Other Cosmetic Injections | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Pigment Abnormalities |
| <input type="checkbox"/> Diabetes (Type I / II) | <input type="checkbox"/> Hormonal Abnormalities | <input type="checkbox"/> Eczema / <input type="checkbox"/> Rosacea / <input type="checkbox"/> Acne |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Implants / <input type="checkbox"/> Gold Therapy | <input type="checkbox"/> Vitiligo / Psoriasis |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Varicose Veins |
| | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Moles / Verruca / Warts |
| | | <input type="checkbox"/> Other |

INFORMED CLIENT CONSENT FORM

WARNING – Please read carefully. The Fotona Nd:YAG LASER is effective for many treatments and conditions. However, everyone reacts differently to LASER light. It is therefore usual to carry out a test patch before commencing a course of treatment. The purpose of the test patch is to check for pigment content, skin photosensitivity, skin reaction, tolerance to pain and the expected reactions to treatment such as Erythema (redness), Oedema (swelling). Blistering and bruising is possible but unlikely and some slight scarring and loss of pigmentation is also possible. A common reason for an overreaction or severe blistering and scarring is non-disclosure of medication and/or herbal remedies used during the course of treatment. Use of all drugs, medication and herbal remedies (including illegal drugs and herbs) must be reported to us. We will keep such information in strictest confidence.

LASER Treatment can be slightly painful and often involves a course of treatments; even then the course may not produce satisfactory results. We may provide pain relief during and after each treatment in the form of refrigerated forced air cooling. If required, a topical anaesthetic cream may be applied beforehand.

Reaction to LASER light varies from person to person and can be greatly affected by medication, drug use and personal medical history and conditions. You will be asked before the commencement of each treatment if anything has changed in this regard and you must answer honestly to avoid unexpected and unpleasant adverse reaction.

Do not have LASER treatment if you are sun tanned because you will overreact to the LASER light and you will burn and lose pigment from your skin that will cause white marks to remain for a long time after treatment, possibly permanently. This may occur on any skin type.

Having read the WARNINGS stated above.

I confirm that all questions I had about the proposed course of treatments have been answered to my full and complete satisfaction. I have been advised that I should think carefully before starting the course or procedure. I have also been advised to consult my GP for his/her advice before commencement of treatment.

I understand that any estimate of the number of treatments that may be required to give a satisfactory outcome can only be a best estimate given in good faith based on experience and is not under any circumstances guaranteed.

I agree to pay the charged sum for each LASER treatment that I receive, regardless of the outcome. (i.e. even in the event of an unsatisfactory result or no result at all).

I understand that fees are charged for carrying out the treatment, not for the end results, that some patients require many more treatments than others to achieve an acceptable result or any result at all. In most LASER or cosmetic procedures there are a percentage of patients who are simply “non-responders”. This is not the fault of the Clinic nor is it my fault: it is simply a fact. I understand that I may be a “non-responder” and that I may see no improvements at all.

I confirm that I am over 18 years old and that I fully understand all the advice and warnings given above and in documents published by the Clinic and by the manufacturers of the LASER equipment. I fully accept the risk of adverse reactions and side-effects and I acknowledge that the results of my treatments may not be satisfactory. However, in full knowledge, understanding and acceptance of all of the above I still wish to go ahead at my own risk.

Client Signature: Print Name:

Date:

**If you do not agree with everything in the document do not sign or continue with treatment;
Seek additional advice.**

**BEFORE A COURSE OF TREATMENTS CAN COMMENCE, ALL CLIENTS WITH A MEDICAL CONDITION
WILL BE REQUIRED TO PROVIDE A LETTER FROM THEIR GP STATING THAT IT IS SAFE FOR THEM TO
HAVE THE PROPOSED TREATMENTS AND THAT THEIR CONDITION WILL NOT BE MADE WORSE OR
AGGRAVATED BY THE TREATMENTS.**

Test Patch Records- Patient Name:

GP LETTER REQUIRED? YES: **NO:** **Detail:**

Filed with Notes: **YES:** **NO:**

(Do not write on this page - To be completed by your Therapist)

Date / Time	Treatment Area	Wave Length	Energy (Joules)	Hand Piece	Spot Size mm	Rate Hz	Service Provider Signature	Skin Reaction
								Skin Reaction: Normal / Red / Pink / Blistered / Burn Comments:
								Skin Reaction: Normal / Red / Pink / Blistered / Burn Comments::
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POST TREATMENT ADVICE

After treatment the area may be sore but in most cases you will be perfectly fit to drive and return to work but you should remember the following:

- 1. The area may be sore for some days. Aloe Vera may be applied to the area after treatment and it should be continued for a few days.*
- 2. If you feel at all unwell tell the clinic staff and delay leaving. Have a cup of tea and relax in our waiting room. A first aid trained member of staff will be on hand should you require assistance.*
- 3. A call to a relative or friend or a Taxi can be provided should you not feel well enough to drive.*
- 4. Please ensure you always take the safe option, it does not inconvenience us and we will be pleased to assist.*

Additional Information and Frequently Asked Questions

Laser treatment should only be undertaken by fully trained and qualified personnel. Please ask to see the qualifications of the users which will be displayed in the LASER Room.

If present, any post treatment discomfort is minimal and may be controlled by using standard painkillers and by placing an ice pack on the affected area. Aloe Vera gel is beneficial in reducing inflammation. The treated area must be kept clean and provided this is done properly it is rare for the treated area to become infected. If this happens to you please contact us.

It is important to make sure that the areas that have been treated are not exposed to strong ultraviolet light or sunshine after the LASER procedure. We recommend the use of an SPF30 sun protection cream, while in the sun during the whole treatment period and for a few months post treatment.

Does LASER treatment hurt and what should I do before treatment?

The short answer is yes, it may hurt, depending on the treatment being performed. Forced refrigerated air may be used during the treatment but if the discomfort becomes too severe, either a local anaesthetic cream may be used.

Research has shown that ladies' pain thresholds are much reduced during menstruation and ladies are advised to bear that in mind when booking LASER treatment.

The most common complication following LASER treatment is a reactive increase or decrease in skin pigment resulting in a lightening or darkening of the skin in the affected area. This decreased or increased pigmentation, which is more likely to happen in Asian people or those who tan easily, usually lasts a relatively short time (usually 3 or 4 months) before it disappears naturally but you must be aware, sometimes it will become permanent.

By signing this form you confirm that you have read the above and will diligently follow the advice and instructions contained within.

Client Signature:

Print Name: Date: