



BEAUTY SECRETS SPA  
*by Belen*

### **INTENSE PULSED LIGHT TREATMENT CONSENT FORM**

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

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

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Skin Specialist: \_\_\_\_\_

Spa Location: \_\_\_\_\_

Treatment Options:  IPL Hair Removal or  Photofacial Areas to be treated: \_\_\_\_\_

**Intense pulsed light (IPL)** is a technology used to perform various skin treatments for aesthetic purposes, including hair removal and Photofacials (Rejuvenation, Tightening, Acne, Dark Spots and Sun Damage). The technology uses a high-powered, hand-held, computer-controlled flashgun to deliver an intense, visible, broad-spectrum pulse of light, generally in the visible spectral range of 400 to 1200 nm. Various cutoff filters are commonly used to selectively filter out lower wavelengths, especially potentially damaging ultraviolet light. The resulting light has a spectral range that targets specific structures and melanin hair that are heated to destruction and reabsorbed by the body.

Have you been exposed to sun or ultraviolet radiation in the last 15 days?  YES  NO

Is your skin currently tanned?  YES  NO

Medical History, please indicate that applies:

Pregnancy  lactation  asthma  Psoriasis,  Cutaneous Pigmentation,  Dermatitis,  Melanoma,  Vitiligo,  Skin Graft/Burns  Cancer (or radiation/chemotherapy),  wounds  Epilepsy  Herpes  Diabetes/diabetic  Keloid scarring/hypertrophic scars  Kidney Disease  Tattoos or micro-pigmentation  Steroid or Hormonal Therapy  Hormonal imbalance  high blood pressure  blood clots  vascular disease  heart disease  birth control

Pre-treatment Questionnaire:

Are you currently in any medical, aesthetic or cosmetic treatment?  YES  NO, Please specify: \_\_\_\_\_

Is there history of skin cancer in your family?  YES  NO

Are you taking any type of medication?  YES  NO, Please specify:

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Have you ever treated your skin with pulsed light treatments or laser hair removal?  YES  NO, Please specify:

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Have you used or are you using now any product that contains Retinoic or glycolic acid?  YES  NO, Please specify:

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Have you ever used treatment with botulinum toxin (Botox filler (hyaluronic acid))?  YES  NO, Please specify:

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Have you used Accutane or Roaccutane medication (acne treatment)?  YES  NO, Please specify:

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Are you currently under any skin treatment regime?  YES  NO, Please specify:

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Do you have any (or intend to have) tattoo or permanent makeup in the area to be treated?  YES  NO, Please specify:

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Have you ever undergone endocrine treatment (hormone therapy, thyroid, etc.)?  YES  NO, Please specify:

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Have skin sensitivity (skin) or any allergies?  YES  NO, Please specify:

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Have you undergone a surgical procedure/o in the last 3 months?  YES  NO, Please specify:

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#### INFORMATION ABOUT INTENSE PULSED LIGHT TREATMENT HAIR REMOVAL

Intense Pulsed Light treatment is a method to eliminate the unwanted hair with IPL Hair Removal. The number of sessions needed varies, depending on the personal characteristics of each skin type and skin tone, such as the color of hair, the color of the skin, the amount of hair and its location. As a general rule, we recommend once a month treatment for IPL hair removal. Clients may decide to do more or less sessions if appropriate in order to maximize results. The treatment is not effective if hair color is almost colorless or white. IPL hair removal is not a definitive treatment, so it is recommended reinforcement sessions. As a general rule we recommend two per year in the case of new hair growth. It is estimated that you will have around 85% to 98% less hair at the end of the treatment, unless you suffer from hormonal changes, such as hypo- or hyperthyroidism (glands), Hypertrichosis (excessive growth of hair), Hirsutism (excess hair on face female) PCOS (polycystic ovarian syndrome), or due to menopause, etc. In these cases, the percentage might be reduced.

#### INFORMATION ABOUT INTENSE PULSED LIGHT TREATMENT PHOTOFACIAL

Photo-Facial is intended to improve the appearance of the skin. Rosacea, redness, skin damage, skin texture and irregular pigmentation can be improved by a series of Photo-Facial treatments. The light wavelength, time of exposure and energy level have been selected to target and treat specific areas with minimal damage to surrounding normal tissue. Photofacial treatments are a series of five treatments at three-week intervals with gradual clearing occurring over this time. I understand that there is a possibility of rare side effects such as scarring, skin discoloration and hair loss as well as common short-term effects such as reddening, mild burning, blistering, bruising, temporary discoloration of the skin and no more hair growth.

**Not Good Candidates:** You may not be a good candidate for Intense Pulsed Light Treatment if you are prone to developing redness, raised keloid scars or other forms of excess scarring, hyperpigmentation, or hypopigmentation. If you do not react well to bumps or if you have diabetes, auto-immune diseases, as these diseases may affect your body's wound-healing ability, you are not a good candidate. Furthermore, you are not a good candidate for Intense Pulsed Light Treatment if you are pregnant, nursing or plan to become pregnant while undergoing treatments. Individuals with recently tanned skin are advised to delay the treatment. Darker skin tones absorb more of light energy therefore Intense Pulsed Light Treatment is riskier; therefore, the Skin Specialist might not recommend it. Adverse effects including blistering are much more common in darker skin tones.

#### **Treatment Agreement:**

By signing this consent, I understand and agree as follows:

I am aware that I cannot be exposed to the sun, submit to any technique of sun exposure, such as tanning, bleaching among others for a period of at least 15 days prior to and 15 days after treatment. In the remaining days of the month it is mandatory to use sunscreen 30 PFS or greater.  YES  NO

I am aware that after my Intense Pulsed Light Treatment, I must not get inside a car that has been exposed to the sun and has high temperature inside as this may stain my skin.  YES  NO

I am aware that it is necessary a minimum of 72 hours wait after the Intense Pulsed Light Treatment to perform any activity that involves increasing in body temperature such as: working out, practicing any sports, taking hot baths, saunas, etc., due to the risk of elevation of body temperature after the procedure it may cause blemishes, stinging, and redness.  YES  NO

I am aware that right after a session of light hair removal side effects might occur such as: skin blemish, burning, hyperemia and scabs. If no side effects occur, results appear immediately. Therefore, if any side effects occur due to not following the pre-treatment and post-treatment recommendations, it will be considered my negligence for not following directions.

I undertake to inform at all times about my state of health to the skin specialist. According to this, I declare that I have not omitted any changes of my medical history. If I undergo any changes during treatment, I will let the skin specialist know, so that timely measures can be taken. Hereby declare that I am the one who requesting Intense Pulsed Light Treatment and that it was not the person in charge of performing it who convinced me of receiving the Intense Pulsed Light Treatment. I certify that I have read all the information and accept its contents. I certify that I have had the opportunity to ask about every aspect that I didn't understand at the beginning and I received timely explanations. I understand all the information about the

treatment and procedure. If the client is a minor, I, legal guardian for minor, consent to treatment is done and confirm what was stated above.

I understand that all treatments are non-refundable, and a \$35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed, late cancelled, or changed without 48-hour notice will result in a charge equal to the \$35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

**CLIENT SIGNATURE:** \_\_\_\_\_