



Surname: _____

PERSONAL INFORMATION

Date			Technician:
Name and Surname			
Address			
E-mail			
Tel number		Mobile number:	
Age	DOB		Sex:

1. **Which treatment & areas are you interested in having:**
 Hair Reduction: _____
 Skin Rejuvenation: _____
 Facial Thread Veins: _____
 Acne Treatment: _____

2. **What form of treatment have you used in the past?**
 Hair removal: _____
 Sun damage: _____
 Facial Thread Veins: _____
 Acne: _____

3. **When last did you have any of the above treatments?** _____

4. **How does your skin react to these treatments?** _____

5. **What are your goals and expectations of the treatment?** _____

6. **How often do you sunbathe?**

Frequently	Sometimes	Rarely
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7. **When you sunbathe, how does your skin respond?**

Always burn	Always burn, sometimes tan	Sometimes burn, always tan	Never burn, always tan
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8. **Have you used any of the following in the past 30-60 days?**
 Sun beds: _____ Self tanning cream: _____ Tanning in the sun: _____

9. **When was your most recent holiday in the SUN & when are you planning your next SUN holiday?**

10. **SKIN TYPE** 1 2 3 4 5 6 (therapist to fill this in)

MEDICAL HISTORY :

1. Do any of the following apply to you? Please indicate YES / NO.

Heart Disease		Gold injections		Hirsutism	
Pacemaker		Cancer (radiation/chemotherapy)		Acne	
Burns / Grafted skin		Herpes (or cold sores currently)		Shingles	
Liver / Kidney disease		Keloid formations / Scars		Diabetes	
Port wine stain		Melanoma / Moles		Aids	
Haemangioma		Lupus Disease		Vitiligo	
Polycystic ovarian syndrome		Active Tan (30 days)		Psoriasis	
Steroid or Hormonal therapy		Skin Pigmentation		Epilepsy	
Thyroid hormone deficiency		Clotting disorders		Hemophilia	
Hormonal Imbalances		Anti-inflammatory medication		Anti-coagulants	

2. Are you currently being treated for a condition not listed? YES NO
 If yes, please specify _____
3. Are you currently taking medication? YES NO
 If yes, please specify _____
4. Have you ever used (or currently using) Retin A or Glycolic Acid? YES NO
 If yes, please specify _____
5. Have you ever used or are you currently using Roaccutane? YES NO
 If yes, please specify _____
6. Have you ever had a chemical peel? YES NO
 If yes, please specify _____
7. Have you ever had any laser treatments in the last 6 months? YES NO
 If yes, please specify _____
8. What products are you currently using on your skin, including body products? _____
9. Do you have any implants? YES NO
 If yes, please specify _____
10. Do you have any tattoos or permanent make-up? YES NO
 If yes, please specify _____
11. Have you ever been treated by an endocrinologist? YES NO
 If yes, please specify _____
12. Do you have any particular skin sensitivities or allergies? YES NO
 If yes, please specify _____
13. Have you had any major surgery performed in the last 3 months? YES NO
 If yes, please specify _____
14. Ladies only: When was your last menstrual cycle? Date: _____
 Are you pregnant or planning pregnancy? _____
15. Have you read and understood all the information given to you in your Treatment Information Package, including all contra-indications?

DATE: _____

SIGNATURE: _____

ELLIPSE IPL INFORMED CONSENT

FACIAL THREAD VEINS

Intense Pulsed Light treatment is a method of treating Facial Thread veins. Over exposure to UV light, extreme weather conditions, some medical conditions and trauma can cause damaged blood vessels. Treatments using the Ellipse System will not cure any medical conditions causing thread veins.

The purpose of the treatment is to achieve improvements in the appearance of the skin by using Intense Pulsed Light to reduce and remove thread veins.

The areas to be treated are _____

I hereby authorise Ellipse to treat me using the Ellipse system for Facial Thread Veins. I understand that the removal of thread veins will not be 100 %, that return of some vessels is possible and that multiple treatments will be necessary to achieve the best results.

Ellipse has informed me about alternative treatment possibilities and I understand that other forms of treatment or no treatment at all, are choices that I have.

I understand that there are certain risks associated with Intense Pulsed Light treatment and they include but are not limited to the following:

- Post treatment discomfort like localised swelling, redness and mild tenderness
- Commonly the treatment will cause swelling to the area, which can last for up to 4 days
- Although uncommon the intense pulsed light treatment may cause blisters, light burns or bruises
- Rarely temporary hypo or hyper pigmentation may occur and will normally fade in 3 to 6 months.
- I understand that if I have not disclosed my medical history properly any issues that arise with my health I cannot hold Ellipse responsible.
- I understand that should I have any adverse reaction or a pre-existing illness that is triggered by the treatment I cannot hold Ellipse responsible.

I agree to follow the post treatment recommendations advised by Ellipse in order to ensure the best possible results. I understand that excessive heat should be avoided for 48 hours and that exposure to the sun, sunbed and fake tan must be avoided for 30 to 60 days before and after treatment. A sun block of SPF 30+ must be used on the exposed skin areas. Otherwise it is possible that blotchy skin pigmentation, hyper- or hypo-pigmentation might occur.

I agree to co-operate with the recommendations of Ellipse while I am under their care, realising that any lack of co-operation could result in less than optimum results. I also agree to inform the clinic above immediately, should any adverse effects occur.

DATE: _____ SIGNATURE: _____
PRINT NAME: _____

I certify that I have read the entire informed consent and I agree to all its provisions. I certify that I have had the opportunity to ask questions and these questions have been answered to my satisfaction. I fully understand the treatment conditions and procedure.

I agree to pay £ _____ for the above mentioned services and understand that there will be no refunds on any purchased treatments. However they can be exchanged to a different treatment or passed to another person.

SIGNATURE: _____

INFORMATION PACK

FACIAL THREAD VEINS

With the thread vein treatment the light is attracted to the target chromophore oxy-haemoglobin in the blood. As the light is absorbed by the blood in the vessels a heat reaction is caused which coagulates the blood and destroys protein in the wall of the vessel. The vessel then breaks down and the debris is removed by the body's natural waste disposal system

The treatment procedure is as follows.

First we will assess the area that we will work on and clean it thoroughly. It might be necessary to shave the area to be treated (only if hair is present). An even layer of coupling gel will then be applied to the skin to help aid the treatment and to help protect the skin during the treatment procedure.

Next we will enter your details into the system and the Ellipse will give us an energy setting that is suitable for you. We then select the correct hand piece to treat the area and with each shot we will assess the area and make some adjustments. You will feel a strong, hot sensation during the treatment however you will not feel too uncomfortable.

The vessels will change colour immediately after the treatment and erythema will also be present and may disappear in 1-2 hours in some cases 1-2 days. This will be followed by a variable degree of oedema. The swelling will increase the following day and may appear puffy particularly around the eyes, this should reduce after 4 days. If there are any areas of pigmentation they may turn darker. A cold compress can be applied at the conclusion of the treatment and an application of Aloe Vera Gel is necessary. It is advisable to use a 100 % Aloe Vera gel for the next few days to reduce any continuing redness.

It is difficult to know how your skin will react to the treatment; therefore we would be able to give only an indication of the amount of treatments needed for a successful result.

You would need about _____ sessions.