



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 / Graftor 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: \_\_\_\_\_

## INFORMED CONSENT – HAIR REMOVAL

Intense Pulsed Light treatment is a method of treating unwanted hair. Unwanted hair may be caused by medical conditions such as hirsutism, hypertrichosis and other disorders. Treatments using the Ellipse System will not cure any medical conditions causing unwanted hair.

The purpose of the treatment is to achieve cosmetic improvements reducing hair growth by using Intense Pulsed Light to destroy hair follicles.

The areas to be treated are \_\_\_\_\_

I hereby authorise Ellipse to treat me using the Ellipse system for the reduction of my unwanted hair. I understand that the reduction of unwanted hair may not be 100 % and that multiple treatments are necessary based on the unique growth cycle of hair. I also understand that the treatment of unwanted hair using Intense Pulsed Light may need to be performed in repeated sessions in the future to obtain optimal results.

Ellipse have 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:

- \* Redness, localised swelling and mild tenderness,
- \* Although rare, adverse effects such as light burns, blister and bruises may occur.
- \* On occasion IPL treatment may cause transient pigmentation changes to the skin. I understand that if I do not follow the after care correctly that I am risking my own health.
  - 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 Cosmetic Skin Clinic 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 including sunbed and fake tan must be avoided for 30 days before treatment and 30 days after treatment, also 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 Cosmetic Skin Clinic while I am under their care, realising that any lack of co-operation could result in less than optimum results.

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: \_\_\_\_\_

## **CLIENT INFORMATION PACKAGE**

### **HAIR REMOVAL**

First we will mark the area to be treated with a red pen to determine where we will be working. Then we will shave the area prior to the treatment. We need the hairs to be as short as possible so that light reaches the hair underneath the skin and is not wasted on the surface of the skin. This will make the treatment more effective and comfortable. A 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 go on to treat over your skin with a hand piece and with each shot we will assess how you feel. It is important that you feel some sensation during the treatment however you must not feel too uncomfortable.

During the treatment the light that comes through the hand piece will be attracted to the pigment (the colour) in your hair. This will cause a heat reaction in the hair and the heat will travel down to the base of the hair. By damaging the base this will inhibit the hairs ability to grow.

In order to understand how to get the maximum benefits from the Ellipse treatment you need to understand how hair grows. There are 3 stages of hair growth: Anagen; the growing stage, Catagen; the transition stage and Telogen; the resting stage. At any point in time your hair is one of these 3 stages. We need to treat every hair follicle while it is in the anagen stage because that is when the hair is attached to its base and blood supply, and is most likely to be destroyed. Not all the hair is in the anagen stage when you come in for your treatments so we would recommend anything from 3-6 treatments for the best results, with 6-8 week intervals between treatments (some clients may carry out top up treatments 6 months to 1 year after the course is complete – this however is optional).

After the treatment you will leave with hair however the hair will fall out within a 1-3 week period after the treatment. To encourage the hairs to shed you can either shave or exfoliate the skin. You will return for your future treatments every 6-8 weeks or as and when the hair returns.

The results you will achieve from the Ellipse treatments are as follows:

1. The hair will become reduced in number
2. The hair will become finer in texture
3. The hair will become less pigmented
4. Overall the hair will grow back less visible in the treatment area

As stated earlier 3-6 treatments are recommended for the best results.

After the hair assessment you would need \_\_\_\_\_ sessions.