



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 / Graft 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

### SKIN REJUVENATION/ ACNE TREATMENT

Intense Pulsed Light treatment is a method of treating sun-damaged skin. Over exposure to UV light can cause mottled/uneven pigmentation, open pores, sunspots and diffuse redness. Treatments using the Ellipse System will not cure any medical conditions causing pigmentation or diffuse redness.

The purpose of the treatment is to achieve improvements in the appearance of the skin by improving skin colour, tone and pore size using Intense Pulsed Light to target excess pigmentation and diffuse redness.

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

I hereby authorise Ellipse to treat me using the Ellipse system for Skin Rejuvenation. I understand that the removal of all pigmentation and diffuse redness will not be 100 % and that multiple treatments may 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.
- Although uncommon the intense pulsed light treatment may cause blisters, light burns or bruises to the surface of the skin.
- Transient hypo or hyper pigmentation may occur and will normally fade in 3 to 6 months.
- Crust formation "dirt skin" look is commonly seen for up to 10 days after treatment
- 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 30-60 days before treatment and 30-60 days 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: \_\_\_\_\_

## **SKIN REJUVENATION**

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). A thick 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. It is important that you feel some sensation during the treatment however you must not feel too uncomfortable. The applicator will be held flat and perpendicular to the contours of the skin. A millimetre of light would be visible between the applicator and the skin.

A slight erythema is seen immediately after the treatment and this will disappear in 1-2 hours in some cases 1-2 days. The areas of pigmentation will turn darker. The pigmentation will become darker almost a grey/black colour and the skin will take on a “dirty look” as the skin sloughs off in 7-10 days. A cold compress should 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.

The light is absorbed by the melanin and the superficial blood vessels in the skin and the ensuing heat reaction destroys the melanin in the keratinocytes, coagulates blood vessels and stimulates collagen production.

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.

## **ACNE TREATMENT**

A thorough consultation and patch test prior to this treatment is very important. Clients need to use Adapalene (Differin or Redap) cream or gel on the acne affected area every evening at least 3-4 weeks before the start of their first treatment. Adapalene (Differin or Redap) has to be prescribed by a doctor. This helps to open the sebaceous ducts and normalise the skin. Therefore allowing a more effective treatment.

All make-up will be removed. If necessary, hair on the treated area will be shaved. During the treatment the heat from the flash-lamp heats up the haemoglobin in the fine blood vessels near the skin surface, which results in the slow down of oil production that leads to acne.

We recommend approximately 4 x treatments with 3 weeks intervals between your next treatment.

You would need \_\_\_\_\_ treatments.