

SILHOUETTE DERMALITE

DERMALITE IPL - CONSULTATION CARD

Name	Address	
DOB:	GP Address	
Mobile.no	Home.no	
CONTRAINDICATIONS (cannot be treated)		
Eye area	<input type="checkbox"/>	Skin Cancer <input type="checkbox"/>
Suntanned or fake tanned skin	<input type="checkbox"/>	Pregnancy <input type="checkbox"/>
Dark skin	<input type="checkbox"/>	Keloid scars <input type="checkbox"/>
Under the influence of alcohol & drugs	<input type="checkbox"/>	Light sensitive conditions (or drugs that cause epilepsy) <input type="checkbox"/>
Heart problems	<input type="checkbox"/>	
CONTRAINDICATIONS (requiring medical referral)		
Recent surgery	<input type="checkbox"/>	Bells Palsy <input type="checkbox"/>
Bruising or cuts (on area to be treated)	<input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Asthma	<input type="checkbox"/>	Trapped/Inflamed nerve (on area to be treated) <input type="checkbox"/>
Acute Rheumatism	<input type="checkbox"/>	Arthritis <input type="checkbox"/>
CONTRAINDICATIONS (restricting treatment)		
Drugs or medication that cause photosensitivity or skin thinning	<input type="checkbox"/>	Cardio-vascular conditions (thrombosis/hypertension/heart conditions) <input type="checkbox"/>
Roaccutane or Tretinoin (Acne Rosacea treatment) (Allow 3-6 months depending on length of time on it)	<input type="checkbox"/>	Pregnancy and breast feeding <input type="checkbox"/>
Transexual (allow 6 months after completion of hormone therapy)	<input type="checkbox"/>	Herpes simplex (may evoke a cold sore) <input type="checkbox"/>
Contagious or infectious diseases	<input type="checkbox"/>	Skin conditions <input type="checkbox"/>
Diabetes (due to poor wound healing)	<input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>
Fever	<input type="checkbox"/>	Cuts/bruises/abrasions <input type="checkbox"/>
Herbal remedies that cause photosensitization (St John's Wart)	<input type="checkbox"/>	Sunburn <input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Suntanned skin <input type="checkbox"/>
Skin pigment conditions - Vitiligo/moles/melasma	<input type="checkbox"/>	Artificial tan until faded from area <input type="checkbox"/>
		Loss of sensitivity <input type="checkbox"/>
		Cancer <input type="checkbox"/>
		Metal pins/plates <input type="checkbox"/>

TREATMENT

Hair Removal

Skin Rejuvenation

Pigmentation

Rosacea

Sun exposure in last 30 days

Y N

Patch Test

Y N

Patch Test Reaction

Y N

Medical History

Y N

AREA TO BE TREATED

BODY

Underarms

Upper arms

Bikini line

Back

Buttocks

Lower legs

Chest

Abdomen

Hands

Thigh

Forearms

Shoulders

FACE

Upper lip

Cheeks

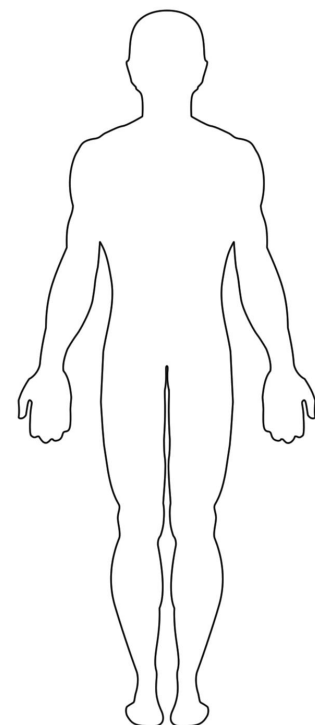
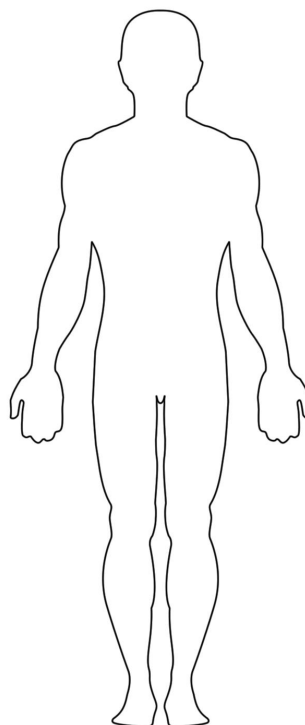
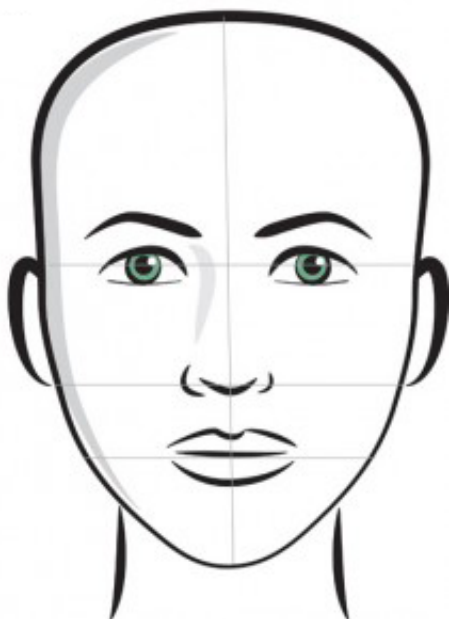
Chin/
Side burns

Jaw line

Neck

Hair line

Area to be treated



PREVIOUS TREATMENT

Waxing	<input type="checkbox"/>	Threading	<input type="checkbox"/>	Tweezing	<input type="checkbox"/>
Depilatory Cream	<input type="checkbox"/>	Bleaching	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
Epilation	<input type="checkbox"/>	Micro pigmentation	<input type="checkbox"/>	Microdermabrasion (allow three weeks)	<input type="checkbox"/>
Cosmetic Surgery (including Botox/fillers) <i>Allow three weeks</i>	<input type="checkbox"/>				

Date of the last treatment

Reaction to last treatment Y N

SKIN CONDITION

Pigmentation Skin Rejuvenation Diffused Redness

SKIN TYPE - based on the Fitzpatrick Skin Type Scale

Skin type I	Very light complexion, light eyes, freckles, usually blonde, reddish hair colour.
Skin type II	Light complexion, light eyes, occasional to frequent freckles, blonde, reddish, light brown hair colour.
Skin type III	Darker caasian, light Asian, Medium complexion, light to dark eyes, hair colour usually brown to dark.
Skin type IV	Mediterranean, Asian, Hispanic: darker complexions, dark eyes, dark brown hair to black hair colour.
Skin type V	Middle Eastern, Latin American, light-skinned black, Darl complexion, dark eyes, usually black hair colour.
Skin type VI	Dark-skinned black: Black complexion, black eyes, black hair colour.

CLIENT EXPECTATIONS

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CLIENT CONSENT

Photographic Evidence

Treatment details

Reaction during treatment

After care and home advice given

Therapist Signature

Client Signature

Date