

Forename.....**Surname**.....

SOPRANO ICE SHR LASER CONSULTATION FORM

SOPRANO ICE SHR PERSONAL INFORMATION

Gender: Male/Female

Date of birth.....Age.....

Home address.....Postcode.....

Telephone.....Mobile.....

Email address.....

GP surgery name.....Doctor's name.....

Next of kin.....Mobile.....

SOPRANO ICE SHR MEDICAL HISTORY

General medical questions	YES	NO	Comment
Are you taking any medication?			
Do you have any allergies?			
Do you suffer from any medical conditions?			
Are you currently receiving any medical treatment?			
Do you have any implanted medical devices or metal plates?			
Are you taking any over the counter medications or vitamins?			
Do you have thrombosis?			
Do you have any heart or lung problems?			
Do you suffer from any autoimmune disorders?			
Do you suffer from any mental health condition			
Have you had tattoos or permanent make up anywhere on body?			

Contraindications	YES	NO	Comment
Are you pregnant?			
Are you taking photosensitive medications?			
Do you suffer from Lupus?			
Have you taken Roaccutane in the last 6 months?			
Do you have cancer?			
Do you have a history of cancer? (In particular skin cancer)			
Do you have epilepsy?			
Do you have melasma? (Applicable if treating facial are)			
Do you suffer from vitiligo?			
Do you suffer from Diabetes type 1?			
Do you suffer from psoriasis or eczema on area wishing to have treatment?			
Do you have any keloid scars?			

Cautions (GP letter advised)	YES	NO	Comment
Are you breast-feeding?			
Do you suffer from controlled Diabetes type 2?			
Do you have any hormonal disorders?			
Do you want eyebrow area treated?			
Do you suffer from cold sores or herpes simplex?			
Are you having any peels or microdermabrasion on area to be treated?			
Have you had Botox or fillers on area to be treated?			
Do you have any hyper/hypo pigmentation?			
Are you sun tanned or sun burnt at present?			
Do you have many pigmented lesions on area to be treated?			
Do you have excessively dry or sensitive skin?			

Assessment	YES						
Skin type	1	2	3	4	5	6	
	Which areas did you want treated?						
	Area 1						1 2 3 4 5 6
	Area 2						1 2 3 4 5 6
	Area 3						1 2 3 4 5 6
	Area 4						1 2 3 4 5 6
Hair type	Color						
	Thickness of hair						
	Ingrowing hairs						
Hair removal	Current method						
	How often are you removing the hair?						

Client signature:

Print:

Date:

SOPRANO ICE SHR CONSENT FORM

I confirm that I have received a full Consultation with regards to the proposed SHR ICE treatment and would agree that is has been explained to me fully. I am aware of the possible side effects and agree to follow both the pre and post care to minimize the risk of any adverse reaction.

I agree to advise the **clinic/salon** of any changes in personal medical circumstances.

I understand that after treatment, there will be heat in the area and may be some redness. In rare cases edema and blistering can occur. This is a normal side effect of treatment and will settle within days. Instructions have been given regarding aftercare and advice and I agree to follow these instructions and to inform the clinic of any condition that causes concern immediately.

I understand that I will require more than one treatment to achieve the desired results. This has been fully explained to me and I am aware the results of the treatment may vary.

I understand the need to advise the staff of any changes to medication or any sun exposure, sun bed use or tanning products used between treatments.

I have been advised to shave hair in the weeks between treatment and that waxing and plucking hairs will result in a prolonged treatment plan.

I hereby certify that I have been fully informed of the nature of the procedure, expected outcome and possible complications. I understand that there can be no guarantee or assurance as to the final result that may be obtained.

I consent to the taking of photographs and authorize their anonymous use for the purpose of medical audit, education and promotion. I am aware that my condition is primarily of cosmetic concern and that the decision to proceed is based solely on my express wish to do so.

I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form.

_____ Patient's Signature _____ Date

_____ Practitioners Signature _____ Date

SOPRANO ICE AFTERCARE INSTRUCTIONS FOR CLIENT

BEFORE TREATMENT

Avoid the sun 2 weeks before and after treatment.

You **MUST** avoid bleaching, plucking or waxing hair for 2 weeks prior to treatment.

Do not use Depilatory creams 1 week prior to treatment.

If have had a history of cold sores, zovirax may be used prior to treatment and continued one week after treatment.

The use of tanning cream must be discontinued two week before treatment.

Please shave the area the day before or morning before the treatments

DURING TREATMENT

The skin is cleaned

Skin color can compete as a target for the 810nm wavelength with melanin in the hair. The cooling tip will be used with the laser to minimize skin damage.

Safety considerations are important during the laser procedure. The client and the operator will wear protective eyewear during the procedure.

AFTERCARE

Immediately after treatment, there may be redness and swelling at the treatment area, this may feel like mild sunburn

The application of iced water during the first few hours after treatment will reduce any discomfort.

The application of aloe vera gel can continue at home

Makeup may be used immediately after the treatment unless there is epidermal blistering.

Avoid sun exposure for 2 weeks to reduce the chance of hyperpigmentation or darker pigmentation.

Use sunscreen SPF 30 or greater at all times throughout the course of treatment.

Avoid picking or scratching the treated skin. Do not use any other hair removal treatment methods (waxing, threading, electrolysis or tweezing) that will disturb the hair follicle at the treatment area for 4-6 weeks after treatment. Shaving or depilatories may be used.

Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for **AT LEAST** three weeks after treatment.

Anywhere from 5-19 days after the treatment, shedding of the surface hair may occur and this appears as new hair growth. This is **NOT** new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or Loofa sponge.

After the underarms are treated, use a powder, instead of deodorant, for 24 hours after the treatment to reduce skin irritation.

Avoid hot baths and heat treatments and treat the skin gently, as if you had sunburn, for the first 24 hours.

ANY QUESTIONS OR WORRIES YOU MAY HAVE PLEASE CALL THE CLINIC ON

