

Client Medical History

Name: DOB: M: F:

Address: Suburb: Postcode:

Home Phone: Mobile :

Email:

Occupation:

Describe your current skin care routine:

.....

What skin care range and products do you currently use:

Please answer the following questions about the treatment area.

Skin Type: Normal Dry Oily Combination Sensitive

Skin Conditions:

Freckles <input type="checkbox"/>	Moles <input type="checkbox"/>	Acne <input type="checkbox"/>	Psoriasis <input type="checkbox"/>
Dermatitis <input type="checkbox"/>	Eczema <input type="checkbox"/>	Rosacea <input type="checkbox"/>	Matured <input type="checkbox"/>
Wrinkled <input type="checkbox"/>	Sun Spots <input type="checkbox"/>	Sun Damaged <input type="checkbox"/>	Pigmentation <input type="checkbox"/>
Ingrown Hair <input type="checkbox"/>	Shingles <input type="checkbox"/>	Keloid Scarring <input type="checkbox"/>	Genital Herpes <input type="checkbox"/>
Vitiligo <input type="checkbox"/>	Broken Capillaries <input type="checkbox"/>	Cold Sores <input type="checkbox"/>	Melanoma <input type="checkbox"/>
Poor Wound Healing <input type="checkbox"/>	Scars <input type="checkbox"/>	Other :	

Previous Cosmetic Procedures:

Surgery <input type="checkbox"/>	Electrolysis <input type="checkbox"/>	Chemical/Herbal Peels <input type="checkbox"/>
Face Lift <input type="checkbox"/>	Laser <input type="checkbox"/>	Laser Resurfacing <input type="checkbox"/>
Dermabrasion <input type="checkbox"/>	IPL <input type="checkbox"/>	Micro-dermabrasion <input type="checkbox"/>
Collagen/Botox <input type="checkbox"/>	Other <input type="checkbox"/> Please List:	
When:		

Natural Hair Colour:

Black <input type="checkbox"/>	Dark Brown <input type="checkbox"/>	Medium Brown <input type="checkbox"/>	Auburn <input type="checkbox"/>
White <input type="checkbox"/>	Light Brown <input type="checkbox"/>	Dark Blonde <input type="checkbox"/>	Blonde <input type="checkbox"/>
Grey <input type="checkbox"/>			

Hair Thickness: Thick / Terminal Average Fine / Thin Vellus

Hair Density: Thick Medium Sparse

Previous Methods:

Epilation <input type="checkbox"/>	Shaving <input type="checkbox"/>	Depilatories <input type="checkbox"/>
Electrolysis <input type="checkbox"/>	Tweezing <input type="checkbox"/>	Waxing <input type="checkbox"/>

Colour / Tone	Sun Reaction	Skin Type	Tick
Very Fair - English / European	Always burns, never tans	I	
Light Skin - European	Always burns, tans minimally	I - II	
Light to Slight Olive Tone – European	Sometimes burn, tans minimally	II	
Light to More Olive Tone - Mixed Races	Sometimes burn, slowly tans to light brown	II - III	
Olive - Italian / Asian / Turkish / Arab	Rarely burns, slowly tans to light brown	III	
Olive - Lebanese / Greek / Turkish / Asian / Arab / Indian	Rarely burns, always tans to moderate brown	III - IV	
Olive with Darker Shade - Asian / Arab / Indian	Rarely burns, always tans	IV	
Darker Tone - Indian / Aboriginal	Never burns, tans profusely, moderately pigmented	V	
Very Dark - African / Aboriginal	Never burns, deeply pigmented	VI	

Ethnic Origin: Mother..... Father.....
Grandparents.....

Medical Conditions: Diabetic Asthma Anxiety/Depression Skin Disorder
Impetigo Deep Vein Thrombosis Epilepsy Haemophilia
Heart Conditions Hepatitis Endocrine Disorders HIV/AIDS
Blood Pressure Lung Disease Pacemaker / Metal Polycystic Ovarian Syndrome
Pregnant/ Trying Ovarian Disease Chemotherapy or Radiation Therapy
Other - Please List:

Do you have a personal or family history of skin cancer? Yes No
Do you have any tattoos on the treated area? Yes No

A list of common medications which may cause photosensitivity is available from the consultant. If you are on a course of medication, it is advisable to bring along the data sheet enclosed with the medication, to be checked for contraindications prior to treatment. Some cosmetics, perfumes and medicated shampoos may contain photosensitising agents, such as scents (e.g. essential oils like bergamot and cedar), coal tar derivatives, and food additives.

Are you taking any medications at all, including vitamin or herbal supplements, over the counter preparations, acne medications or The Pill? If yes, please list all types type?

Are you taking Aldactone or Androcur (which slows hair growth)? Yes No
Are you currently tanned from any source? (sun / solarium / self-tanners) Yes No
Are you planning to tan soon? (e.g. holiday) Yes No
Do you have any concerns regarding laser hair removal? Yes No
Which areas would you like to be treated?

How did you hear about Splash Clinic?
Newspaper ad Radio Web search Word of Mouth Walk by Television
In centre advertising Other Please List:

Confirmation

I confirm that the above information is correct.

Client Name: Signature:

SPLASH Laser Hair Removal Consent Form

Please read this form entirely. This form contains information to assist you in making a decision to have laser therapy.

Laser hair reduction is a laser therapy used for the reduction of unwanted hair. Laser hair removal does not work on blonde, grey or white hair. Treatment is successful on almost all patients but my individual results cannot be guaranteed. Due to hair and skin growth cycles, multiple treatments will be needed for effective hair removal. You should expect improvement in the appearance of any treated unwanted hair, but flawless skin may not be the result in all circumstances.

I have had a consultation where I have been advised of the benefits and potential side effects of laser hair removal.

Complications are rare but do exist and you must be aware of them. These risks, complications and concerns include:

- Pain - The procedure is not painless. The sensation had been described as warm and sharp.
- Lightening or darkening of the skin may occur, but is not expected. If this occurs, it normally lasts for three to four months.
- Laser hair reduction does not involve puncturing of the skin or blood vessels. Minor bleeding may occur if you shave after the treatment. Deep injury is extremely unlikely because the energy only penetrates the skin a few millimetres. According to medical literature, laser hair reduction cannot contribute to carcinogenic reaction in human living tissue in any way.
- Redness, photosensitivity, swelling, crusting, scabbing and blistering can occur for up to two weeks. If these occur, normal first aid treatment is all that is needed. Do not scratch or rub the area.
- Development of infection that, in very rare cases, can lead to scarring. To date, none of our patients have developed a scar. Consult your Doctor if further complications exist.

In relation to my initial and all subsequent treatments, I advise that:

- I am not tanned from any source including recent sun exposure, fake tans and solariums
- I do not have a history of abnormal keloid scarring
- I have not taken the drug Roaccutane in the last 6 months
- I have not had any chemical peel or laser resurfacing within the last 6 months
- I understand no light based therapy can achieve permanent complete hair loss, however the Splash Laser treatment will result in a permanent long term stable reduction in the amount of hair that can regrow. The Splash Laser has also been proven in testing by US regulators to also be at least twice as effective as IPL, SPL or pulse light treatments.

I have read all the material provided and had all my questions satisfactorily answered. I have not been advised of any matter verbally that is not included in this consent form and its attachments.

I confirm that I have received the Pre & Post Treatment Care For Laser Hair Removal Sheet and I agree to follow the Post Treatment instructions. I will inform the staff of any changes to my conditions or medications with any subsequent treatments.

I am aged 18 years or over (otherwise parent or guardian to sign).

Do not sign this form until you have read and understood the entire contents of this page.

Name: Signature:

Parent or Legal Guardian

Name: Signature:

Consultant: Signature:

Date: