# Consultation Card

| | | | |
|---|---|---|---|
| Full Names: | _____ | | |
| Cell nr: | _____ | ID No: | _____ |
| Email: | _____ | | |

**MEDICAL HISTORY**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| High/Low Blood Pressure | ☐Yes | ☐No | Which_____ | Depression | ☐Yes | ☐No | | |
| Heart Problems | ☐Yes | ☐No | What_____ | Nervous Defects | ☐Yes | ☐No | | |
| Circulation | ☐Good | ☐Fair | ☐Poor | Stress Levels | ☐High | ☐Med | ☐Low | |
| *(If poor, have you ever had trombosis?)* | ☐Yes | ☐No | | Pain Threshold | ☐High | ☐Med | ☐Low | |
| Vericose Veins | ☐Yes | ☐No | Where_____ | Metal pins/plates | ☐Yes | ☐No | Where_____ | |
| Haemophillia/Bleeder | ☐Yes | ☐No | | Skin Diseases/Infections | ☐Yes | ☐No | | |
| Healing Rate | ☐Good | ☐Fair | ☐Poor | What_____ | | | | |
| Diabetes | ☐Yes | ☐No | | *Under a Doctor's care for any reason* | ☐Yes | ☐No | | |
| Epilepsy | ☐Yes | ☐No | | What_____ | | | | |
| Asthma | ☐Yes | ☐No | | General well being | ☐Good | ☐Fair | ☐Poor | |
| Endocrine Disorders | ☐Yes | ☐No | What_____ | Medications | _____ | | | |
| Allergies | ☐Yes | ☐No | What_____ | Hormones | _____ | | | |
| Porphyria | ☐Yes | ☐No | | Health Supplements | _____ | | | |
| Plastic Surgery Procedures incl implants, fillers, botox | | | | Radiation/Chemotherapy | ☐Yes | ☐No | When_____ | |
| _____ | | | | Smoking | ☐Yes | ☐No | How Many_____ | |
| _____ | | | | Alcohol Intake | ☐Daily | | ☐Socially | |
| _____ | | | | | ☐Never | | ☐Occasionally | |

**HAIR REMOVAL, TELANGIECTASIE & DIFFUSE REDNESS CLIENTS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Any previous treatment | ☐Yes | ☐No | What_____ | Area requiring treatment | _____ | | |
| Which areas were treated? | _____ | | | Colour of hair/capillaries | ☐Dark | ☐Mixed | ☐Scattered |
| _____ | | | | | ☐Dense | ☐Fair | |
| How many treatments? | _____ | | | Thiskness of hair | | | |
| Date of last treatment | _____ | | | Condition of skin area | | | |

# CONSENT

The intense puled light treatment is performed without use of anaesthesia; however, you may encounter some discomfort such as slight pain, temporary redness, darkening of pigmented spots and slight swelling after the treatment. The redness and swelling will in most cases resolve itself within 24 hours whereas the required darkening of pigment also called “dirty look” will persist for up to one week.

After the treatment your face will be washed and a sunscreen will be applied. Facial cosmetics may be applied as normal over the sunscreen. During the follow-up time, you should avoid direct exposure to sun and apply sunscreen all the times.

There are certain risks in any medical procedure and that in this specific instance such risks include are not limited to the following : Temporary redness post treatment; Temporary darkening of pigmented spots; Although uncommon: Skin burns; Scarring; loss of skin colour; darkening of the skin; allergic skin reactions to the sunscreen; mild-moderate discomfort during treatment.

If you have any questions regarding the treatment, do not hesitate to ask. By signing this form, I declare that the treatment procedure has been understood and clearly explained to me, and I agree to follow the pre and post treatment instructions as adviced.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND TO THE EXPLEANATIONS REFFERRED TO, OR MADE, I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE PROPOSED TREATMENT. I ALSO CERTIFY THAT I READ AND WRITE ENGLISH.

Print Name Date Signature