



skin & spa therapy

Elora IPL (intense pulse light)  
Client Consent



I \_\_\_\_\_ (DOB) \_\_\_\_\_

Hereby consent to the use of Intense Pulsed Light (IPL) for the treatment of:

\_\_\_\_\_

- I understand there may be some degree of discomfort with having this treatment/procedure.
- I understand naturally darker skin tones, and tanned skins are at greater risk of developing areas of lighter or darker pigmentation.
- I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc. I understand that each case is individual.
- I have not had any other Laser or IPL treatment of any kind within 7-14 days prior to having this treatment and that I cannot have another treatment within 7-14 days of this treatment, whether the treatment is performed at this or any other location.
- I understand that to achieve maximum results, I may need several treatments.
- I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.
- I agree to refrain from tanning, in the sun or tanning booths while I am undergoing treatment, and that I cannot use fake tan in the area to be treated.
- I agree for the technician to take before and after photos of the area being treated.

Every care is taken to minimise the above risks and complications.

Should complications occur, I agree to consult with the technician to allow best resolution of the problem.

Client signature \_\_\_\_\_ Date \_\_\_\_\_ Technician \_\_\_\_\_

Prescribed Treatment Programme: \_\_\_\_\_ EST Cost \_\_\_\_\_

Initial Consultation notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Welcome to Elora IPL (intense pulse light)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ A/H \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Did you hear about us from:**

- Friend  Regular Client  Other  Advertising Board

**Your concerns are:**

- Rosacea  Hair Removal  Sun damage  Pigmentation  Red Veins
- Have you ever had laser treatment?  Yes  No
- Have you ever had IPL treatment?  Yes  No
- Were you happy with the results?  Yes  No
- Are you pregnant or planning a pregnancy?  Yes  No

**General Medical History**

- Have you recently had Dermal fillers / Botox?  Yes  No

Are you presently on any of the following medication?

- Retin A  Anti=psychotics  Antibiotics  Roacutane  Steroids
- Photosensitive Drugs  Anticoagulants  other

Do you have a history of:

- Easy bruising / skin injury  Cold sores  Heart disease
- Dark Spots after Pregnancy  Hirsutism  Poly-cystic ovaries

Have you recently been exposed to the following?

- Sun Beds  Sun (holiday)  Self tan lotion/spray

Do you work outdoors?  Yes  No

What are you currently using as your daily home care products?

We appreciate your co-operation and now we can ensure a very thorough, professional and confidential consultation.

You will be taken through a free skin analysis using our photo imaging device.

Please enjoy our technology as we have invested only in the best for clinically proven results.