

# INITIAL INFORMED CONSENT



- ◆ Ultracuticals Treatments
- ◆ Hydro/Microdermabrasion

- ◆ Dermal Needling
- ◆ Intense Pulse Light
- ◆ Non-Ablative Fractional Laser

- ◆ Resurfacing (RESURFX)
- ◆ Vascular Laser

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RN Signature \_\_\_\_\_

*\* Multiple treatment modalities & homecare prescriptions may be used to achieve the best outcome for our clients. At MSL we aim to achieve great skin results within a 3 month period. Your RN may suggest ongoing skin maintenance appointments post course at longer intervals to maintain results.*

Ultracuticals Treatments vary in intensity and skin concerns/goals. Treatments may include a chemical peel, brightening treatment & sonophoresis infusion. Chemical peels are designed to chemically dissolve dead skin build-up, stimulate collagen, correct or balance skin concerns such as dehydration, acne, pigmentation, large pores, dull skin and textural irregularities.

Hydrodermabrasion and Microdermabrasion are manual based skin exfoliation treatments to assist in removal of dead skin cells, includes a customised mask therapy or sonophoresis infusion of a serum. Additional benefit of this treatment is a lymphatic drainage response due to the suction section of the machine, assisting in removal of toxin build-up.

Dermal Needling is a procedure that utilises a tiny sterile microneedling head piece (non laser) that creates a controlled trauma, targeting the dermal layer of the skin to restore damaged collagen and stimulate new collagen. This is suitable for fine lines and wrinkles, pore refinement, acne scars & post-surgical scars. Topical numbing agent will need to be applied 30 minutes prior to procedure.

Intense Pulse Light Laser (IPL) is a procedure that utilises a light therapy to create a controlled thermal damage to the skin. IPL targets different sections of the skin depending on patient concern. For lightening sunspots and pigmentation, the IPL light is absorbed into the melanin and shatters it. This causes a micro crusting and erythema that subsides within 3-4 weeks. For acne, IPL kills the P-acne Bacterium and inflammation that causes the breakout. For reducing facial redness (capillaries/telangiectasia) the IPL targets haemoglobin, the red blood visible within the capillary, and destroys the way it is formed. IPL is suitable for vascular lesions up to 1.5mm deep and up to 1mm in diameter. IPL will reveal a more even, blemish free, reduced redness appearance to the skin while stimulating collagen, which degrades over time as we age. Treatment numbers and intervals vary on skin concern.

Non-Ablative Fractional Laser Resurfacing procedures generate beams of light using narrow range of wavelengths. The beams selectively targets and heats the water in the skin, causing thermal heating of the skin's tissue. This then stimulates the formation of new collagen and elastin fibres over 6 months to 1 year post treatment. By regenerating the collagen, the skin regains a more youthful appearance, with minimal downtime. To provide upmost comfort a topical numbing agent will need to be applied 30 minutes prior to procedure.

Vascular Laser procedures may use a combination of IPL and Multi-Spot Nd:YAG modalities can treat vascular lesions up to 4.5mm deep and with a diameter of up to 4mm, such as leg veins. Nd:YAG is a long pulse laser that is absorbed into deeper levels of the dermis, delivering thermal heating into the haemoglobin of the vascular lesions to impact way it is formed. Vascular clearance may be needed prior to commencement of a vascular procedure.

At Nambour Clinic we adhere to strict Occupational Health and Safety procedures. Due to the risk associated with laser equipment, children are not permitted in treatment areas. We appreciate your respect for this policy; our priority is your children's safety.

Do you have any allergies? \_\_\_\_\_ yes/no

Do you smoke cigarettes? \_\_\_\_\_ yes/no

Do you drink alcohol? (How often?) \_\_\_\_\_ yes/no

Do you have any tattoos, including cosmetic tattoos & where? \_\_\_\_\_ yes/no

Do you suffer any skin conditions such as Psoriasis, Dermatitis, Vitiligo? \_\_\_\_\_ yes/no

Do you have any bleeding disorders or currently take anticoagulants or aspirin? \_\_\_\_\_ yes/no

Are you currently under your Dr's care for a medical condition? \_\_\_\_\_ yes/no

Please list \_\_\_\_\_

Are you currently on ANY MEDICATION, topical agents, vitamins or herbal remedies? \_\_\_\_\_ yes/no

Please list \_\_\_\_\_

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Do you have a current active cold sore or history of herpes simplex virus? \_\_\_\_\_ yes/no

Do you have diabetes? \_\_\_\_\_ yes/no

Do you have epilepsy? \_\_\_\_\_ yes/no

Do you suffer from any hormonal or endocrine disorders? \_\_\_\_\_ yes/no

Any history of severe skin reactions to products or treatments including post inflammatory hyperpigmentation? yes/no

Please list \_\_\_\_\_

Are you pregnant or trying to become pregnant? \_\_\_\_\_ yes/no

Have you had any extensive burns, surgical incisions or operations in the last 12 months? \_\_\_\_\_ yes/no

Have you had any cosmetic procedures, skin grafts or laser resurfacing in the last 12 months? \_\_\_\_\_ yes/no

Please list \_\_\_\_\_

Have you used any oral Accutane, acne medication in the last 6 months? \_\_\_\_\_ yes/no

Have you been treated with Photoderm Intense Light in the last 6 months? \_\_\_\_\_ yes/no

Have you used any Glycolic Acid, or Retin-A, or topical prescription products in the last 2 weeks? \_\_\_\_\_ yes/no

Have you had any cosmetic injectables or dermal fillers (last 2 weeks-2 months)? \_\_\_\_\_ yes/no

Have you had any facial or laser treatments (last 2-4 weeks)? \_\_\_\_\_ Yes/no

When was your last skin check & have you had any skin cancers removed? \_\_\_\_\_ yes/no

Are you having or have you had chemotherapy/ radiation? \_\_\_\_\_ yes/no

Have you had unprotected sun exposure, sunburning or self-tanning products in the last 1-4 weeks? \_\_\_\_\_ yes/no

Have you had any waxing, plucking or electrolysis in the proposed treatment area in the last 4 weeks? \_\_\_\_\_ yes/no

Do you have any immune-compromised conditions? \_\_\_\_\_ yes/no

Previous vein surgery on requested area (sclerotherapy, stripping etc)? \_\_\_\_\_ yes/no

***\*You have provided MSL with correct & accurate details of your medical history and will inform us of any changes to your medical history in future appointments.\****

<b>FITZPATRICK SKIN TYPING QUIZ</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
What is your eye colour?	Light blue, grey, green	Blue , grey or green	Blue	Dark Brown	Brownish Black
What is the natural colour of your hair?	Sandy Red	Blonde	Dark Blonde, Chestnut	Dark Brown	Black
What is the colour of your skin (non-exposed areas)?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never had burns
To what degree do you turn brown?	Hardly any Or not at all	Light Tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown several hours after Sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face respond to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem
When did you last expose yourself to sun, tanning beds or self-tanning products?	More than 3 Months ago	2-3 months	1-2 months	Less than 1 month	Less than 2 Weeks ago
How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

**OFFICE USE ONLY:**

<b>Add the Above Numbers :</b>	<b>Match your total Score with the Corresponding Skin Type.</b>	<b>Fitzpatrick Skin Type</b>	<b>0-7</b>	<b>I</b>	Treatment Area: _____  Skin Type: _____
			<b>8-16</b>	<b>II</b>	
			<b>17-25</b>	<b>III</b>	
			<b>26-30</b>	<b>IV</b>	

*This consent form covers procedures for Ultraceuticals Treatments, Micro/Hydrodermabrasion, Dermal Needling, IPL, Non-Ablative Fractional Lasering & Vascular Laser.*

The goal of skin treatments as with any cosmetic procedure is improvement, not perfection. The number of treatments necessary is dependent on several factors including skin type, skin condition and severity, lifestyle factors, hair colour, and patient compliance. I understand that skin treatment regimes are based on the best available evidence to achieve treatment goals. I have been advised the treatment plan, treatment intervals, and realistic outcomes for my skin treatments. I have been advised that results will vary between clients.

I understand that following a skin treatment there are short term side effects, including but not limited to a feeling of discomfort, skin dryness, micro crusting, warmth, sensitivity, erythema, darkening and crusting of pigmented lesions, minor localised swelling or bruising. All of these short term side effects (48 hours, up to 3 weeks) are considered normal, with some expected to subside shortly after treatment. This has been explained to me and is fully understood. Although rare, there are possible complications involved in these procedure which can include hypo/hyperpigmentation, blistering and scarring. These complications can be unavoidable in some skin types and have been explained to me and are fully understood.

It has been explained to me the importance of following MSL's recommended pre and post care information and to keep the area from sun exposure before, during and after treatment. I understand that sun exposure may stimulate further heat build-up in the skin resulting in burning, blistering or hypo/hyperpigmentation to occur in the treated area and I agree to limit sun exposure throughout my recommended course.

**Acknowledgement:** In relation to my initial and all subsequent treatments, I have read the foregoing consent, pre and post care information and hereby confirm that I have 1) had each item explained to me, 2) was given an opportunity to ask questions, 3) had all my questions answered, 4) I understand the procedure(s); I accept all risks, 5) received my pre and post care information sheet. I hereby authorise the clinician (Registered Nurse/Doctor) to perform the procedure/ treatment chosen for me. I hereby release my clinician, the facility and the doctor from liability associated with this procedure. I am over 18 years of age. I agree that photos may be taken as part of my treatment record. I understand that treatments for cosmetic procedures (excluding Rosacea) are not able to be claimed on Medicare or Private Health Funds.

Do you consent to having photos taken and used for advertising, brochures or online material?

**Yes / No**