Illuminate Me

CONSULTATION FORM FOR LIGHT BASED PROCEDURES

Date: _____

Name: _____ Age: _____

Treatment Area: _____ Fitz. Skin type: I II III IV V VI

Past Medical History Details: _____

Pregnant: Yes ☐ No ☐ Current Medications: _____

Allergies: _____

HISTORY

	YES	NO	N/A	DATE		YES	NO	N/A	DATE
Recent Sun Exposure	☐	☐	☐		History Melanoma	☐	☐	☐	
Previous Laser Treatments	☐	☐	☐		Keloids/Hypertrophic Scarring	☐	☐	☐	
Hair Removal: Waxing, Plucking, Electrolysis	☐	☐	☐		Tattoos/Permanent Makeup	☐	☐	☐	
Accutane, last 6 months	☐	☐	☐		Fillers, Botox etc.	☐	☐	☐	
Gold Therapy	☐	☐	☐		Pacemaker/Defibrillator	☐	☐	☐	
Coagulopathies	☐	☐	☐		Implants/Surgeries in treatment area	☐	☐	☐	
Herpes/Cold Sores	☐	☐	☐		Decreased sensation/Numbness in treatment area	☐	☐	☐	

INITIAL

- ☐ Benefits of procedure discussed
- ☐ Contraindications reviewed
- ☐ Risks reviewed
- ☐ Probability of success reviewed
- ☐ Alternative procedures available
- ☐ Consent signed
- ☐ Verbal and written post-treatment instructions given to patient
- ☐ Pre-op photos

Appointment scheduled date: ____ / ____ / ____

COMMENTS:

_____

_____

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_____

Signature of Consultant: _____