

LED Light Therapy Treatment Consultation Form

Client details

Title Miss / Ms / Mrs / Mr / Other

First Name..... Surname.....

DOB.....

Address.....

.....

Postcode.....

Mobile.....

Doctor's Name and Address

.....

.....

Emergency Contact Name.....

Relationship.....

Emergency Contact Telephone Number.....

1. Patient skin type

Skin Type Fitzpatrick Chart				www.colaz.co.uk
Skin Type	Skin Colour	Hair Colour	Eye Colour	Description
I	White or very pale	Blonde	Blue, Grey, Green	Always burns, never tans
II	Pale white with beige tint	Chestnut or Dark blond	Blue	Always burns, sometimes tans
III	Beige to light brown	Dark brown	Dark Brown	Sometimes burns, always tans
IV	Light to moderate brown	Black	Brown	Rarely burns, always tans
V	Medium to dark brown	Black	Brownish black	Rarely burns, tans more than average
VI	Dark brown to black	Black	Black	Never burns

2. Which skin care products do you use?

a. Face? Yes / No

b. Neck? Yes / No

c. Do you regularly use a face cream with an SPF? Yes/ No

3. Have you undergone any cosmetic/aesthetic treatments in the last 24 hours? Yes / No

If YES please list.

.....

4. Are you currently undergoing any other aesthetic treatments? Yes / No

If YES please list.

.....
5. Do you use sunbeds or are regularly exposed to sun? Yes / No

6. Do you smoke? Yes / No

7. What are your primary skin concerns?

.....
.....
.....

8. What are your goals and expectations of the treatment?

.....
.....

9. Do you have any other ailments? i.e a cold, coldsores, headaches, fatigue, hayfever, PMT, stiffness, aches & pains, facial bruises etc

.....

10. How would you rate your stress levels?

1 2 3 4 5 6 7 8 9 10

Not stressed at all

Very stressed & unwell

Precautions and Contra – indications for treatments

There are some instances in which the LED Light Therapy Mask may prove unsuitable for an individual when taking certain drugs or medical conditions, this may mean that an individual is unsuitable for the treatment.

Precautions due to drug induced photosensitivity.

Please indicate if you are or have taken any of the following medication;

Antibiotics

Tetracycline group: Doxyclyline, Oxytetracycline etc

Quinolone group: Ciprofloxacin, Ofloxacin, Levofloxacin

Sulfonamides: sulfamethoxazole/trimethoprim

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Naproxen, Celecoxib

If yes, the treatment can be administered as long as the medication has not been taken in the last 5 days

Diuretics

Furosemide, Bumetanide, Hydro-chlorothiazide

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

Retinoids

Roaccutane/accutane

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

HMG-CoA reductase inhibitors

Statins (atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin)

If yes the treatment can still be administered at the discretion of the patient as long as they report no increased sensitivity to sun since commencing statins

Epidermal growth factor receptor inhibitors (treatment for lung cancer)

Cetuximab, panitumumab, erlotinib, gefitinib, lapatinib, vandetanib

If yes please consult your physician before commencing a course

Antifungals

Terbinafine, Itraconazole, Voriconazole, Griseofulvin (Grisovin)

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

Anti Arrhythmic drugs

Codarone, Aratac, chlorpromazine

If yes it is at your discretion whether you commence a treatment

Anti-arthritis

Ridaura, Gold 50

If yes the treatment cannot be administered

Anti-arthritis

Azathioprine

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

Anti-Cancer drugs

Ledertrexate/Methotrexate

If yes the treatment can be administered as long as the medication has not been taken in the last 5 days

Precautions and Contra –indications for treatments

There are some instances in which the treatment may prove unsuitable for an individual.

- 1. Are you Pregnant? Yes / No
- 2. Do you suffer from epilepsy or seizures triggered by light? Yes / No
- 3. Do you suffer from a photosensitive disorder? Yes / No

(A photosensitive disorder describes a condition which means that you are sensitive or react to normal amounts of light. Photosensitive disorders include Porphyria, Lupus erythematosus, photosensitive eczema and Albinism).

If you answered yes to any of these questions, then unfortunately you are not suitable

- 4. Do you suffer from light induced migraines?* Yes / No
- 5. Are you currently taking St John’s Wort or other herbal remedies?* Yes / No

If you answered yes to question 4 or 5, then it is at your discretion whether you commence a treatment.

*Although uncommon the light may induce a migraine attack.

*St John’s Wort taken in very large amounts (more than the RDA) may cause some people to be slightly more sensitive to light.

I confirm that I have answered all the questions to the best of my knowledge and understand that withholding necessary information about my health and medication may increase my risk of possible side effects.

Client Signature

Print Name Date

Provider Signature

Provider Name Date