



Appendix

Questionnaire prior to hair removal using Pulsed Light

Surname:	First name:	Birthdate:
Sex:	Height:	Weight:
Address:	Postcode:	Town:
Home tel.:	Work tel.:	Fax:

- Phototype (according to reaction of your skin to sun)**

Phototype I	Never tan, always get sunburn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phototype II	Occasionally tan, always get sunburn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phototype III	Always tan, occasionally get sunburn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phototype IV	Always tan, never get sunburn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phototype V	Medium pigmented skin (Asian or Mediterranean type)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phototype VI	Highly pigmented skin (African type)	<input type="checkbox"/> Yes <input type="checkbox"/> No

- History**

For which area of your body do you require hair removal treatment? (give details):
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Have you already used other methods of hair removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which?
When?	By Whom?	Where?

Are you pregnant?	Are you diabetic?	Do you have a history of keloid scarring?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Do you use essential oils? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any skin allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give details:
Do you have a history of herpes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you taken aspirin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking any medication other than contraceptives or thyroid hormones? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- **Exposure and photosensitivity**

When were you last in the sun?	Do you have any plans to be in the sun? Soon? If so, when?
Do you use any self-tanning lotions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when was the last application?
Do you take tanning pills (Oenobiol type)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when did you last take some?
Do you ever use UV tanning booths? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when did you last go?
Is there any other information that we should know? (give details)	

Date: **Location:**

Signature:

<p align="center">Customer information and consent regarding Rejuvenation using Pulsed Light</p>

PRINCIPLE:

Pulsed light technology for rejuvenation or cutaneous photorejuvenation is based on the principle of selective thermolysis.

This is a new method and technique for skin rejuvenation, in response to patient demand, that is:

- Non-traumatic: no need to take time off from your normal activities and no post-treatment pain.
- Non-erosive and non-invasive: pulsed light simultaneously and rapidly removes all the signs of photoaging: Texture and discolouration, both superficial and deep.

INDICATIONS:

The Dermeo system is a skin photorejuvenating device and is used to treat the following scenarios:

- Pigment changes: presence of spots and patches, discolourations, cloudy skin tone and other consequences associated with aging of the skin and frequent exposure to sun.
- Overall aging of the skin with non-uniform pigmentation, less smooth texture and a less young, less fresh appearance.
- Structural changes of the epidermis and dermis: wrinkles, elastosis, large pores,

These procedures can be applied to the face but also to the neck, neck line and hands.

AT THE CONSULTATION:

I shall provide the following information:

- My medical history, particularly in terms of diabetes, keloid scarring, herpes, lupus, epilepsy and medications taken, in order to check that there are no photosensitizing or weakening medications included.
- The reaction of my skin to exposure to sun so that my phototype can be established.
- What are my expectations from this treatment in relation to what I see in the mirror?

I shall respect the following instructions:

- Not to tan: not to expose myself to the sun or to tanning lamps for one month directly before treatment and not to expose myself to the sun for four weeks following the treatment.
- Not to take any medication other than contraceptives or thyroid hormones.
- Not to apply essential oils to my skin nor to apply self-tan in the week immediately before the treatment.
- Not using make-up, nor applying perfume to the area to be treated.
- Removing contact lenses for the treatment as well as any hearing aid equipment.

SIDE EFFECTS:

- The most frequent side effects are:
 - Moderate pain in a prickling sensation with each implementation of the light, or like elastic snapping against the skin, a sensation of heat that may last nearly an hour after treatment.
 - Change in skin colour: slight erythema (redness) which lasts for 24 hours after treatment.
 - The redness of rosacea disappears after about 12 hours.
 - Moderate oedema immediately after treatment disappearing in a few hours – a longer lasting effect is rare (about 3 to 7 days).
 - Rarely, blisters - crusting lasts a few days – (about 5 to 10 days).
 - Brown spots or age spots will darken for about 7 to 10 days after the treatment, then they fade.
 - Hyper-pigmentation: especially on dark skins or after exposure to the sun, regressing in 3 to 6 months, rarely permanent
 - Hypo-pigmentation: on dark skins sometimes spontaneously. Usually regresses within a few months. Rarely permanent.
 - Extremely rarely, scars – often after failure to follow post-treatment care instructions.
 - Skin fragility in the area treated or nearby areas: avoid wearing make-up or rubbing the skin, if this is the case, as there is a risk of injury.
 - Bruising: A bruise may form in the treated area and may take 5 to 15 days to disappear. As the blue colour fades, the skin may take on a rusty brown tone, which will disappear after one to three months.
 - Purpura, rarely, on certain areas (forehead, nose, jaw area, etc.)

AFTER THE SESSION:

- No exposure to sun for at least 30 days and application of a complete sunscreen.
- Avoid using hot water and clean skin using tepid water or a mineral water spray.
- Soothe red patches with application of emollient cream (BIAFINE type) or desensitizing spray. No immediate application of deodorants or fragrance if the skin is sensitive or irritated.
- Use an emollient cream to ensure that the skin is well hydrated.
- In the event of blisters or oedema consult your Doctor who will prescribe an appropriate cream.
- In the event of crusting apply vaseline over them (to maintain suppleness) and do not try to remove the crust.
- It is possible to use make-up immediately after treatment. However, it is imperative to stop using make-up if the treated area starts to peel or to form a crust.



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DURATION OF THE TREATMENT:

The standard treatment series runs for five sessions with intervals of two weeks between. A session lasts about 20 to 30 minutes. The first results appear after the second or third session. The dramatic improvement in the skin is noticeable 3 weeks after a session. Additional sessions are possible depending on your individual requirement.

APPROXIMATE COST PER SESSION:

The cost varies depending on the area to be treated and depends on whether the charge is per session or part of a fixed sum package. Promotional offers may reduce the cost.

Please remember that no refunds are available for skin photorejuvenation using pulsed light.

ON THE DAY OF YOUR TREATMENT:

- Do not use make-up or be sure to remove make-up before the session.
- If you wear contact lenses for please remember to remove them before the session.
- Please be sure to arrive 5 to 10 minutes before your appointment time or more if you need time to remove make-up or take out contact lenses.
- Appointment times are precise and must be kept.
- Inform reception when you arrive.
- In signing this document, I confirm that I have read and understood all the information above and have been correctly informed about the different aesthetic options and the potential treatment risks entailed in use of intense pulsed light. I give my consent freely that treatment using intense pulsed light should be performed byand I authorize the taking of photographs for my file to be used anonymously in the context of education or scientific publications, for medical research..

Location: Date:

Handwritten wording:

'Received before services commenced'

Customer signature:

Location: Date: Handwritten wording:

'Accepted after due consideration'

Customer signature: