

Stellar M22 IPL Medical History and Consent Form (May, 2023)

Patient Name: _____ DOB: _____ DOS: _____

Key			
	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>		
HR PL SR VL	Have you intentionally sun bathed or used a tanning bed in the past 3-4 weeks or plan to in the next 3-4 weeks post-op?	NO	YES
	Have you used self-tanners or tan enhancer medication within the past 3-4 weeks?	NO	YES
	Do you take any herbal preparations such as St John's Wort, Ginkgo Biloba, or use aromatherapy or essential oils which may make you more photosensitive?	NO	YES
	Have you ever been diagnosed with Systemic Lupus, Erythematosus, or Porphyria - diseases which may be stimulated by light at 400 nm to 1200 nm?	NO	YES
	Are you pregnant, nursing, or given birth in the past 6 months?	NO	YES
	Have you ever been diagnosed with an inflammatory skin condition? (Dermatitis)	NO	YES
	Have you ever been diagnosed with herpes simplex or experienced cold sores?	NO	YES
	Have you ever been diagnosed with a compromised immune system? (HIV)	NO	YES
	Are you currently being treated with chemotherapy or radiation?	NO	YES (please explain)
	Have you ever been diagnosed with skin cancer?	NO	YES (please explain)
	Do you have a history of keloids or unusual skin scarring?	NO	YES
	Have you taken isotretinoin (a medication for cystic acne) within the past year?	NO	YES
	Have you ever experienced a Koebnerizing isomorphic response (as with vitiligo or psoriasis)?	NO	YES
	Do you have any allergies to medications:	NO	YES (please explain)
	Do you have a tattoo or pigmented lesion in the area to be treated?	NO	YES
What medications (prescription or non-prescription) do you currently take:			
HR	Have you ever been diagnosed with hormonal or endocrine disorders? (PCOS or uncontrolled diabetes?)	NO	YES
	Have you previously had hair removal or skin treatment procedures on the area to be treated? (IPL, laser, wax, electrolysis, Botox, fillers, peels, etc.)	NO	YES (please explain)
If treating a lesion...			
	When did you first notice the lesion(s)?		
PL SR VL	Have you observed any changes to the color, size, texture, or border of the lesion(s) to be treated?	NO	YES:
	Does the treatment area have any hair that should not be removed?	NO	YES
SR VL	Do you regularly take aspirin, ibuprofen or anti-coagulants?	NO	YES:
	Do you bruise easily?	NO	YES

(See backside)

I authorize _____ at the Stine Eye Center, LLC to perform IPL™ treatments on me in an effort to improve:

___ MGD ___ Chalazion ___ Dyschromia ___ Hyperpigmentation ___ Hair Reduction ___ PWS ___ Hemangioma ___ Angioma ___ Rosacea ___ Telangiectasia ___ Other: _____.

I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring.

I am aware that careful adherence to all advised instructions will help reduce this possibility.

I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications.

The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered.

Pre and post-care instructions have been discussed and are completely clear to me.

I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required to achieve the desired result.

I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record.

I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity.

I have reviewed and complied with the IPL™ pre-treatment compliance checklist.

I understand the below list of short-term effects and agree to follow matching guidelines:

Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick which may otherwise lead to scarring.

Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap, which degree will vary per my skin condition and area sensitivity, but that does not last long. A mild “sun-burn” sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams.

Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams.

Bruising – is very rare but if it occurs, I understand that it may take up to 2 weeks to resolve.

My signature certifies that I have duly read and understand the content of this informed consent form and provided accurate information as to my health condition. I hereby freely consent to IPL skin treatments.

Patient or Guardian Signature: _____ Date: _____