

## CONSULTATION FORM

Before commencing an OMNILUX™ treatment you must complete this form. These forms are designed to help assess your skin type and to explain the short-term and long-term benefits and effects of OMNILUX™.



### PRECAUTIONS DUE TO DRUG-INDUCED PHOTSENSITIVITY FOR BLUE LIGHT TREATMENT

Optimum results will be seen between 4-12 weeks after the course of treatments is complete, with a majority of people seeing their best response 8 weeks after the treatment conclusion. Some of our study subjects have experienced increased acne lesions during their treatment, due to the detoxification process of the treatment, however this settles down once the treatment is complete. The light stimulates natural processes that continue after the treatment has stopped.

You will have to remove any makeup or sunscreen before the treatment and cease to use any topical retinoids. You will be asked to wear some eye safety goggles which MUST be worn. It is not advisable to have sun bed treatments in conjunction with your course of Blue light therapy. You can continue with your antibiotic treatment if it is not excluded on our treatment contra-indication list.

**Please indicate if you are taking or have taken any of the following medication:**

**Drug:** Codarone X or Aratac **Use:** Anti-Arhythmic

YES  If yes, it is at your discretion whether you commence with the treatment

NO  If no, enjoy Omnilux blue™

**Drug:** Ridaura or Gold 50 **Use:** Anti-Arthritis

YES  If yes, the treatment cannot be administered

NO  If no, enjoy Omnilux blue™

**Drug:** Azathioprine **Use:** Anti-Arthritis

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

NO  If no, enjoy Omnilux blue™

**Drug:** Grisovin **Use:** Anti-Fungal Antibiotic

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

NO  If no, enjoy Omnilux blue™

**Drug:** Tetracycline group **Use:** Antibiotic

Including Minomycin, Tetracycline, Oxytetracycline, Lymecycline, Demeclocycline, Vibramycin

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

NO  If no, enjoy Omnilux blue™

**Drug:** Roaccutane **Use:** Anti-Acne

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

NO  If no, enjoy Omnilux blue™

**Drug:** Ledertrexate/Methotrexate **Use:** Anti-Cancer

YES  If yes, the treatment can be administered as long as the medication has not been taken with the last 3 days

NO  If no, enjoy Omnilux blue™

**Drug:** Quinolone group **Use:** Antibiotic

Including Nalidixic Acid, Norfloxacin, Ciprofloxacin Hydrochloride, Ofloxacin, Moxifloxacin Hydrochloride

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

NO  If no, enjoy Omnilux blue™

**Drug:** Chlorpromazine Hydrochloride **Use:** Antispasmodic and Hypotensive

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

NO  If no, enjoy Omnilux blue™

### PRECAUTIONS DUE TO DRUG-INDUCED PHOTSENSITIVITY FOR RED LIGHT TREATMENT

The effectiveness of light therapy will vary between individuals. All our 'study subjects' have experienced signs of skin rejuvenation. Some subjects have also experienced noticeable smoothing of their fine lines and wrinkles. Although the light from Omnilux is safe, it is very bright. For your comfort during treatment we recommend you wear the eye protectors provided.

**Please indicate if you are taking or have taken any of the following medication:**

**Drug:** Codarone X or Aratac **Use:** Anti-Arhythmic

YES  If yes, it is at your discretion whether you commence with the treatment

NO  If no, enjoy Omnilux revive™

**Drug:** Ridaura or Gold 50 **Use:** Anti-Arthritis

YES  If yes, the treatment cannot be administered

NO  If no, enjoy Omnilux revive™

**Drug:** Azathioprine **Use:** Anti-Arthritis

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

NO  If no, enjoy Omnilux revive™

**Drug:** Grisovin **Use:** Anti-Fungal Antibiotic

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

NO  If no, enjoy Omnilux revive™

**Drug:** Tetracycline group **Use:** Antibiotic

Including Minomycin, Tetracycline, Oxytetracycline, Lymecycline, Demeclocycline, Vibramycin.

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

NO  If no, enjoy Omnilux revive™

**Drug:** Roaccutane **Use:** Anti-Acne

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

NO  If no, enjoy Omnilux revive™

**Drug:** Ledertrexate/Methotrexate **Use:** Anti-Cancer

YES  If yes, the treatment can be administered as long as the medication has not been taken within the last 3 days

NO  If no, enjoy Omnilux revive™

**Drug:** Quinolone group **Use:** Antibiotic

Including Nalidixic Acid, Norfloxacin, Ciprofloxacin Hydrochloride, Ofloxacin, Moxifloxacin Hydrochloride

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

NO  If no, enjoy Omnilux revive™

**Drug:** Chlorpromazine Hydrochloride **Use:** Antispasmodic and Hypotensive

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

NO  If no, enjoy Omnilux revive™

**PRECAUTIONS DUE TO DRUG-INDUCED PHOTSENSITIVITY FOR OMNILUX PLUS TREATMENT**

You will have to remove any makeup or sunscreen before the treatment.

You will be asked to wear eye safety goggles which MUST be worn.

**Please indicate if you are taking or have taken any of the following medication:**

**Drug:** Codarone X or Aratac **Use:** Anti-Arrhythmic

YES  If yes, it is at your discretion whether you commence with the treatment

NO  If no, enjoy Omnilux plus™

**Drug:** Ridaura or Gold 50 **Use:** Anti-Arthritis

YES  If yes, the treatment cannot be administered

NO  If no, enjoy Omnilux plus™

**Drug:** Azathioprine **Use:** Anti-Arthritis

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

NO  If no, enjoy Omnilux plus™

**Drug:** Grisovin **Use:** Anti-Fungal Antibiotic

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

NO  If no, enjoy Omnilux plus™

**Drug:** Tetracycline group **Use:** Antibiotic

Including Minomycin, Tetracycline, Oxytetracycline, Lymecycline, Demeclocycline, Vibramycin

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

NO  If no, enjoy Omnilux plus™

**Drug:** Roaccutane **Use:** Anti-Acne

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

NO  If no, enjoy Omnilux plus™

**Drug:** Ledertrexate/Methotrexate **Use:** Anti-Cancer

YES  If yes, the treatment can be administered as long as the medication has not been taken within the last 3 days

NO  If no, enjoy Omnilux plus™

**Drug:** Quinolone group **Use:** Antibiotic

Including Nalidixic Acid, Norfloxacin, Ciprofloxacin Hydrochloride, Ofloxacin, Moxifloxacin Hydrochloride

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

NO  If no, enjoy Omnilux plus™

**Drug:** Chlorpromazine Hydrochloride **Use:** Antispasmodic .and Hypotensive

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

NO  If no, enjoy Omnilux plus™

**PRE-TREATMENT CONSULTATION**

Client skin type (1-6):

Skin Type	Complexion Type
Type 1	Very pale, always burns, never tans
Type 2	Fair skin and hair, burns easily, tans minimally
Type 3	Slightly darker skin, burns sometimes, tans gradually
Type 4	Mediterranean; burns rarely, tans easily
Type 5	Asian/Arabic; burns rarely, always tans
Type 6	Afro-Caribbean; never burns, always tans

Which skincare products do you use for the:

Eyes \_\_\_\_\_  
Face and Neck \_\_\_\_\_

Do you regularly use a cream with an SPF? YES  NO

If yes, please specify which cream for which area and the SPF factor:

Eyes \_\_\_\_\_  
Face and Neck \_\_\_\_\_

Have you had any of the following treatments in the last 24 hours?

Microdermabrasion	YES <input type="checkbox"/>
Oxygen facials e.g. Oxyjet	YES <input type="checkbox"/>
Microcurrent facial e.g. Caci, Biotherapeutic etc.	YES <input type="checkbox"/>
Facial Peels	YES <input type="checkbox"/>
Injectables	YES <input type="checkbox"/>

**PRECAUTIONS AND CONTRA-INDICATIONS FOR OMNILUX TREATMENTS**

There are a number of conditions/instances in which light therapy may prove to be unsuitable for an individual i.e. if you are taking certain forms of medication or you suffer from a photosensitive disorder. Photosensitivity means a reaction to normal amounts of sunlight.

Are you Pregnant? YES  NO

Do you suffer from Epilepsy? YES  NO

Do you suffer from Porphyria? YES  NO

Do you suffer from Lupus Erythematosus? YES  NO

If you have answered yes to any of these questions, you are not suitable for Omnilux.

Do you take St. Johns Wort? YES  NO

If yes, you may be more light sensitive. It is at your discretion whether you commence with the treatment.

**CLIENT CONSENT FOR OMNILUX™ TREATMENTS**

I have read and understood the information provided and I am fully aware of the nature of the treatment, why and how it is to be performed and any possible side effects. I have been given the opportunity to ask questions. My signature below indicates my informed decision to have the treatment.

*Warning: If during your course of treatments you develop persistent headaches or some puffiness/itching or prolonged redness of the skin, you may be showing signs of light sensitivity. In this case, please notify your treatment consultant immediately and discontinue your treatment.*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Witnessed by treatment consultant:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Salon Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_