

Claudia's Body & Skin Care Center

LED Light Therapy Form

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Referred By: _____ Email: _____

Medical History

High Blood Pressure Herpes Arthritis Acne

Are you currently under the care of a physician? _____

If yes, for what: _____

Are you currently under the care of a dermatologist? _____

If yes, for what: _____

Do you have a history of erythematous abigine, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? _____

Are you currently pregnant or breastfeeding? _____

Do you currently have epilepsy or a history of seizures? _____

Are you currently taking cortisone injections or any other kind of steroid injection(s)? _____

Are you currently using any antibiotics, nonsteroidal anti-inflammatory drugs, ibuprofen? _____

Do you have any of the following medical conditions? (Please check all that apply)

Cancer Diabetes Skin Disease/Skin Lesions Seizure Disorder Epilepsy

HIV/AIDS Keloid Scarring Thyroid Imbalance Blood Clotting Abnormalities

Hepatitis Hormone Imbalance Any Active Infections

Pregnant Breast Feeding

Do you have any other health problems or medical conditions? Please list: _____

Have you had an allergic reaction to any of the following? (Please check all that apply & describe the reaction you experienced)

Food Latex Aspirin Lidocaine Hydrocortisone Hydroquinone or Skin Bleaching Agents

Others: _____

MEDICATIONS

What oral medications are you presently taking?

Birth Control Pills Hormones Cortisone Injections Tetracycline

High Blood Pressure Medication Thyroid Medication Photosensitive Drugs

Any other Medications (please explain below): _____

ACKNOWLEDGMENT

- **I understand that there are no guarantees and that I am releasing Claudia's Body & Skin Care Center from all liabilities.**
- **My questions regarding the procedure have been answered satisfactorily**
- **I understand the procedure and accept the risks**
- **I hereby release Claudia Dib & Claudia's Body & Skin Care Center from all liabilities associated with the indicated procedure**
- **I have read**

Client Signature _____ Date _____