

HEALING TREE MASSAGE THERAPY, SKIN CARE & WELLNESS

Consent Form



Red light therapy is beneficial for most people. Specific medications or conditions can cause a person to develop sensitivity to light. The following questions are intended to help determine if red light therapy is the best choice of treatment for you.

Please read the following questions and circle YES or NO

Have you ever had any of the following conditions:

Acute or Cutaneous Porphyria	YES/NO	Photophobia	YES/NO
Lupus Erythematosus	YES/NO	Exogenous Eczema	YES/NO
Epilepsy and Seizures	YES/NO	Eye Disease/Retinal Abnormalities	YES/NO
Hypomelanism (albinism)	YES/NO	Heart Trouble/Pacemaker	YES/NO
Asthma	YES/NO	Diabetes	YES/NO

***If you answered yes to any of the above conditions then you are not a candidate for red light therapy treatments.**

Are you currently pregnant or planning to become pregnant in the next eight weeks? YES/NO

***If you answered yes, then you are not a candidate for light therapy.**

Do you have any contagious or infectious conditions? YES/NO

Do you take aspirin products, anti-inflammatory medicines or headache medicines? YES/NO

If yes, which one(s)? _____

Patients who frequently use anti-inflammatory and aspirin products often require more treatments to achieve desired results.

Please list all previous surgeries and dates:

Are there any other conditions we should be made aware of? If yes, please explain:

Please list any cosmetic treatments you have had in the past 48 hours: _____

***Please carefully look over the following list of medications and check off any you have taken in the past 7 days.**

These medications have been known to cause light sensitivity and it is recommended that you suspend the medications for 5-7 days before undergoing light therapy. Please be sure to check with your doctor before discontinuing any prescribed medications.

Anti-Arrhythmic Amiodarone (Pacerone® Cordarone® Aratac®)
Chlorpromazine (Thorazine®, Chloramead®, Chlordryprom®, Chlor®)
Promanyl®, Largactil®, Promapar®, Promosol®, Terpium®, Sonazine®)
Acne Oral Isotretinoin (Accutane®, Accure®, Aknenormin®, Amnesteem®,
Ciscutan®, Claravis®, Isohexal®, Isotroin®, Oratane®, Sotret®, Roaccutane®)
Topical Isotretinoin (Isotrex®, Isotrexin®)
Anti-Psychotic Haloperidol (Haldol®)
Trifluoperazine (Stelazine®, Clnazine®, Novoflurazine®,
Pentazine®, Solazine®, Terfluzine®, Triflurin®, Tripazine®)
Anti-Fungal Griseofulvin (Grifulvin®)
Antibiotics Tetracycline (Helidac®, Terra-Cortril®, Terramycin®, Sumycin®, Actisite®,
Bristacycline®, Actisite®, Tetrex®, Doxycycline®, Ciprofloxacin®)
Norfloxacin (Noroxin®, Quinabic®, Janacin®)
Ofloxacin (floxin®, Oxaldin®, Tarivid®)
Nalidixic acid (NegGam®, Wintomylon®)
Ciprofloxacin (Cipro®, Ciproxin®, Ciprobay®)
Minocycline (Minomycin®, Minocin®, Arestin®, Akamin®, Aknemin®,
Solodyn®, Dynacin®, Sebomin®)
Oxytetracycline
Demeclocycline
Lymecycline
Cancer Methotrexate (MTX®, Aminopterin®, Ledertrexate®)
Arthritis Auranofin (Ridaura®)

***If a patient is taking this medication, they are not a candidate for light therapy.**

The above drugs are currently the most common medications associated with photosensitivity and are by no means a complete list of all photosensitive medications. Herbs and over the counter medications such as psoralen and St. John's Wort can also cause sensitivity to light, so it is important to disclose any and all medications or herbs you are currently taking.

Please list any additional medications NOT listed above you may currently be taking or have taken in the past 7 days:

I _____, consent to and authorize Healing Tree Massage Therapy, Skin Care & Wellness to perform Red Light Therapy treatments on me. The purposes of these treatments are for _____.

Red Light Therapy is a non-ablative cosmetic procedure which utilizes Light Emitting Diode (LED) technology to treat a variety of skin imperfections such as fine lines and wrinkles, scarring, blemishes, uneven skin tone, texture and stretch marks. Red Light Therapy is a gentle and natural treatment much like the process of photosynthesis, also known as photo-bio-stimulation. The Red Light Therapy system may use visible red (red light) and infrared (invisible light) energy to stimulate your body's

own regenerative metabolism at the cellular level. By stimulating the body's tissues to convert light energy into cellular energy (ATP), Red Light Therapy treatment provides energy that your cells can use to:

- accelerate the production of collagen and elastin
- increase cellular permeability, allowing for increased cellular nutrient intake
- increase the removal of excess fluid and waste products from the cells
- increase the production of macrophage (scavenger) cells for the removal of toxins and scar tissue
- increase lymphatic drainage
- increase vascularization (blood flow) to the surface of the skin

Risks and Side Effects:

Red Light Therapy treatments are non-invasive and are intended not to produce any thermal damage or pain. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. It is important to notify the treatment facility if you have any problems or concerns such as uncomfortable heat from the pad or panel, prolonged redness of the skin, swelling, itching or severe headaches during or after the treatment. These are all indications of sensitivity to light in which case you would want to discontinue the treatment immediately. These side effects rarely occur and usually subside within 24 hours of discontinuing the treatment. It is also important to notify the treatment facility if any conditions to your medical history change such as becoming pregnant or diagnosis of a medical condition. To prevent any eye sensitivity or damage, protective eyewear is to be worn during all treatment sessions. I understand the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. Alternative treatment choices are available. With this in mind, I am choosing this non-invasive treatment option.

Pre/Post Treatment Instructions:

It is important that the treated area be cleaned to remove all moisturizers and creams prior to starting any treatment session. In order to maximize your treatment, you must drink at least 8 oz. of water before and after all treatment sessions, practice healthy eating habits, limit sun bathing, alcohol consumption, and smoking while undergoing your series of light therapy sessions and up to six weeks following your treatment. Most clients will continue to see a marked improvement in their skin over the 12 week treatment period even after the initial LED sessions have concluded. As with any cosmetic treatment, individual clinical results will vary from person to person and no guarantees can be made that expected or anticipated results will be achieved. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatment sessions over several weeks with gradual results occurring over time. I agree to adhere to any and all safety precautions and regulations during the treatment. No refunds will be given for treatments received. I have read and understand the Pre and Post Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are critical in determining the effectiveness of the treatment sessions. The nature and purpose of the treatment has been explained to me. I have carefully read and understand this agreement and fully understand its contents. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement.

I release Healing Tree Massage Therapy, Skin Care & Wellness L.L.C from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age and sign this at my own free will.

Client Signature: _____ Date: _____