

Photosensitising Medications

(Prescription and OTC)

Please circle any you take or write NONE here _____

PATIENT NAME: _____

DATE: _____

Acne Medications

Accutane (Isotretinoin)

Retin-A (Tretinoin)

Antibacterials

Halogenated carbanilides

Halogenated phenols (antibacterials in deodorant, bar soaps, antiseptics and cosmetics)

Halogenated salicylanilide

Nalidixic acid

Sulfamethoxazole

Sulfonamides (including Sulfamethoxazole,

Sulfisoxazole, Trisulfapyridines)

Trimethoprim

Antibiotics

Achromycin (Tetracycline)

Azulfidine (Sulfasalazine)

Batrim (Sulfamethoxazole-trimethoprim)

Cinobac (Cinoxacin)

Declomycin (Demeclocycline)

Fansidar (Sulfadoxine-pyrimethamine)

Fulvicin-U/F (Griseofulvin)

Gantanol (Sulfamethoxazole)

Gantrisin (Sulfisoxazole)

Minocin (Tetracycline, Minocycline)

NegGram (Nalidixic Acid)

Neotrizine (Sulfacytine)

Renoquid (Sulfacytine)

Randomycin (Methacycline)

Sepra (Sulfamethoxazole-trimethoprim)

Terramycin (Oxytetracycline)

Tetracycline

Thiosulfil (Sulfamethizole)

Vibramycin (Doxycycline)

Anticancer Drugs

DTIC-Dome (Dacarbazine)

Efudex (Fluorouracil)

Fluoroplex (Fluorouracil)

Matulane (Procarbazine)

Mexate (Methotrexate)

Velban (Vinblastine)

Diuretics

Anhydron (Cyclothiazide)

Aquatensen (Methyclothiazide)

Diamox (Acetazolamide)

Diucardin (Hydroflumethiazide)

Diuril (Chlorothiazide)

Enduron (Methyclothiazide)

Exna (Benzthiazide)

HydroDIURIL (Hydrochlorothiazide)

Hydromox (Quinethazone)

Lasix (Furosemide)

Metahydrin (Trichlormethiazide)

Midamor (Amiloride)

Naturetin (Bendroflumethiazide)

Renese (Polythiazide)

Zaroxolyn (Metolazone)

Hypoglycemics (Diabetes)

Diabeta (Glyburide)

Diabinese (Chlorpropamide)

Dymelo (Acetohexamide)

Glucotrol (Gipizide)

Insulase (Chlorpropamide)

Microbase (Glyburide)

Orinase (Tolbutamide)

Tolinase (Tolazamide)

PATIENT NAME: _____

DATE: _____

Anti-Depressants

Adapin (Doxepin)
Asendin (Amoxapine)
Aventyl HCL (Nortriptyline)
Elavil (Amitriptyline)
Ludiomil (Maprotiline)
Marplan (Isocarboxazid)
Norpramin (Desipramine)
Pamelor (Nortriptyline)
Pertofrane (Desipramine)
Sinequan (Doxepin)
Surmontil (Trimapramine)
Tofranil (Imipramine)
Vivactil (Protriptyline)

Antihistamines

Benadryl, Benylin (Diphenhydramine)
Dimetane (Brompheniramine)
Periactin (Cyproheptadine)

Anti-Inflammatory Drugs

Advil, Motriz (Ibuprofen)
Butazolidin (Phenylbutazone)
Clinoril (Sulindac)
Feldene (Piroxicam)
Naprosyn (Naproxen)
Orudis (Ketoprofen)
Rinadyl (Carprofen)

Anti-Psychotic Drugs/Tranquilizers

Compazine (Prochlorperazine)
Haldol (Haloperidol)
Mellaril (Thioridazine)
Navane (Thiothixene)
Permitil (Fluphenazine)
Prolixin (Fluphenazine)
Quide (Piperacetazine)
Stelazine (Trifluoperazine)
Temaril (Trimeprazine)
Teractan (Chlorprothixine)

Thorazine (Chlorpromazine)
Trilafon (Perphenazine)
Vesprin (Triflupromazine)

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Anti-Parasitics

Bitin (Bithionol)
Povan (Pyrvinium pamoate)
Quinine

Anti-Seizure Drugs

Dilantin (Phenytoin)
Paradione (Paramethadione)
Tridione (Trimethadione)

Psoralens

8-Methoxypsoralen
Oxsoralen
Trisoralen

Others

Americaine (Benzocain)
Aralen (Chloroquine Hydrochloride)
Capoten (Captopril)
Cordarone (Amiodarone)
Diethylstilbestrol
Dermoplast (Benzocaine)
Gold Salts (Myochrysin, Solganol)
Librium (Chlordiazepoxide)
Musk ambrette (in perfumes)
Norpace (Disopyramide)
Oils of bergamot, citron, lavender, lemon, lime, rosemary, sandalwood, cedar and must ambrette (in perfumes and cosmetics)
Oral contraceptives (Estrogen)
PABA (Para-aminobenzoic acid)
Phenergan (Promethazine)
pHisoHex (Sexachlorophene)
Quinidine sulfate and gluconate
Solarcaine (Benzocaine)
Tattoos (Cadmium sulfide)
6-methylcoumarin (in perfumes, shaving lotions, sunscreens)
Airborne

Skin Typing Questionnaire

PATIENT NAME: _____ DATE: _____

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your practitioner are genetic disposition and reaction to sun exposure and tanning habits. Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation. By using the information you provide on this form, we can be better prepared to provide you with the best care.

GENETIC DISPOSITION

Score	0	1	2	3	4
Your natural eye color?	Light blue, green, or gray	Blue, gray or green	Blue	Dark Brown	Brownish Black
Natural color of your hair?	Sandy, red	Blond	Chestnut/ Dark Blond	Dark Brown	Black
Color of your non-exposed skin	Reddish	Very pale	Pale with beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Total score for genetic disposition: _____

REACTION TO SUN EXPOSURE

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never burn
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for reaction to sun exposure: _____

TANNING HABITS

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

Summary

Add up the total scores for each section for your Skin Type Score to give you a better evaluation of your skin type.

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V – VI

Intense Pulsed Light General Information

NAME: _____

DATE: _____

Exclusion Criteria:

Pregnant, possibility of being pregnant, postpartum or nursing? Yes No

Abnormal photosensitivity? Yes No

Recently tanned (within 4 weeks)? Yes No

Inflammatory skin conditions? Yes No

Active cold sores, open lacerations or abrasions on area to be treated? Yes No

Use of oral isotretinoin (Accutane®)? Yes No

Use of medications or over the counter medications causing photosensitivity, such as retinoids or others on list? Yes No

Bleeding disorder and/or take anticoagulant medication? Yes No

COMMENTS: _____

Treatment Professionals

IPL Quantum SR is designed to be operated by trained personnel. This may include physicians, nurses, technical staff or other professional staff members. The IPL (and delivery accessories that are used with it to deliver light energy) is indicated for use in surgical, aesthetic and cosmetic applications requiring selective photothermolysis (photocoagulation or coagulation) of soft tissue in the medical specialties of general and plastic surgery, and dermatology.

Indications

The IPL Quantum SR is indicated in the treatment of benign epidermal and cutaneous lesions including melasma, scars and striae. It is also used to treat benign cutaneous vascular lesions, including port wine stains, hemangiomas, facial and truncal telangiectasias, rosacea, angiomas and spider angiomas and poikiloderma of Civatte.

Contraindications

- Cancer, in particular skin cancer
- Pregnancy
- Use of photosensitive medication and herbs (see list provided)
- Diseases which may be stimulated by light at 560 to 1200 nm
- Exposure to sun or artificial tanning during the last 3 – 4 weeks
- Skin Type VI
- Diabetes (unless under control)
- History of keloid scarring
- Fragile and dry skin
- Use of anticoagulants
- History of bleeding coagulopathies

Patient Selection

It is important to have realistic expectations for skin improvement. IPL skin treatments are not intended to be a substitute for surgical facelift, ablative skin resurfacing, or procedures that treat deep wrinkles and sagging skin. Patients in need of evenness of color in the complexion, and showing signs of sun damage can expect a very good result. IPL skin treatments have great appeal to individuals with an active lifestyle who cannot set aside healing time, as required with ablative procedures or surgery. The procedure requires “no downtime”, i.e., patients can resume most activities immediately after treatment, except for sun exposure.

Pre Treatment Preparation

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During your first visit you will be evaluated by the physician and treating aesthetician. They will:

- Exclude from treatment anyone who has had prolonged sun exposure or artificial tanning during the last month
- Exclude from treatment anyone who is expecting to have prolonged sun exposure in the next month
- Take a detailed patient history, including previous treatments, and determine suitability for treatment with the IPL Quantum SR
- Determine why the patient is seeking treatment and understand his/her expectations.
- Discuss the treatment plan

Pre Treatment Information

- There may be some discomfort or pain associated with treatment
- Transient erythema/edema may appear immediately following treatment
- Acceptable results will likely take a number of treatments, usually four to six.
- There is a small risk of adverse reactions such as changes in the texture and pigmentation of the skin. These are usually transient.
- EYE PROTECTION is imperative in the treatment room. Patient may also want to close the eyes at the sound of the “beep” before the light pulse is delivered.
- TOPICAL ANESTHESIA – Due to the lower energy IPL uses, the procedure can be administered without topical anesthesia. However, many patients prefer to undergo the treatment using a topical anesthetic which renders the procedure more comfortable. This office offers BLT (Beta, Lido, Tetracaine) topical anesthesia. It is applied to the areas to be treated about 20 to 30 minutes prior to treatment.
- PHOTOGRAPHY – It is highly recommended to take photographs before and after the treatment, to document the progress.

Possible Side Effects of Treatment

IPL treatments are typically administered in a series of four to six treatments, at intervals of approximately three weeks. Spreading the treatment over this period provides a gradual improvement of the skin, a minimal risk of adverse effects, and preserves the important “no downtime” feature of the program. In the rare cases where side effects do occur, the most common are:

- **Discomfort** – when a pulse is triggered, it may cause various degrees of discomfort. Some describe the sensation as stinging, while others liken it to a rubber band snap. A burning sensation may last for up to an hour after treatment. Most patients are able to tolerate this discomfort, but some prefer to use a topical anesthetic.
- **Damage to Natural Skin Texture** – A crust or blister may form, which may take from five to ten days to heal.
- **Change of Pigmentation** – There may be a change of pigmentation in the treated area. Most cases of hypo- or hyper-pigmentation occur in people with darker skin, or when the treated area has been exposed to sunlight before or after treatment. In some patients, hyper-pigmentation occurs despite protection from the sun. This discoloration usually fades in three to six months, but in rare cases, mainly hypopigmentation, the change of pigment may be permanent.
- **Scarring** – There is a very small chance of scarring, such as enlarged hypertrophic scars. In very rare cases, abnormal, large, raised keloid scars may appear. To reduce the chance of scarring, it is important to carefully follow all post-treatment instructions.
- **Excessive Swelling** – Immediately after treatment, especially of the nose and cheeks, the skin may swell temporarily. Swelling usually subsides within hours to as much as seven days.
- **Fragile skin** – The skin at or near the treatment site may become fragile. If this happens, makeup should be avoided and the area should not be rubbed, as this might tear the skin.
- **Bruising** – A blue-purple bruise may appear on the treated area. It may last from five to fifteen days. As the bruise fades, there may be rust-brown discoloration of this skin, which fades in one to three months.

Please notify the physician or treating aesthetician if you have any concerns before or after your treatment.

Molly Teeple – 512-476-9149

Dr. Deirdre Rhoad – 512-476-9149 or 512-917-9287 (for emergencies)

ver:3-2015