

Mistral LHE Contraindications

NAME(PRINTED) _____

DATE _____

TREATMENT(S) _____

AREA OF TX(S) _____

CONTRAINDICATIONS

- Sun/artificial tan exposure within 30 days
- Current Irritation from Shaving
- History of Adverse Reactions to Waxing
- Skin Sensitivity to creams/lotions
- *Keloid or hypertrophic scarring
- Pregnant/lactating
- Tattoo or permanent makeup
- Abnormal skin conditions due to disease or medicinal intake
- Skin disorders, i.e. vitiligo or psoriasis
- History of skin infections
- Been treated with Accutane(isotretinoin) in the last 6 months
- Used any med's, herbal preparations or chemicals that cause photosensitivity in last 6 weeks, i.e. gold therapy, sulfa or psychiatric
- Suffer from epilepsy
- Have disease related to photosensitivity, such as Porphyria, Polymorphic
- Light Eruption, Solar Urticaria, Lupus or any autoimmune diseases
- History of Herpes outbreaks (unless patient got prophylaxis from physician)
- History of skin cancer or areas of potential skin malignancies
- Had chemotherapy or radiotherapy in the last 5 years (physician consent)
- Have been on steroid regiment over last 3 months (physician consent)
- Have an active implant, i.e. pacemaker, incontinence device, insulin pump, etc.
- Used any method of hair removal other than shaving in last 30 days
- Under the age of 14 (Acne treatment)

SKIN TYPE (CHOOSE ONE TYPE THAT BEST DESCRIBES YOUR REACTION TO SUNLIGHT/ARTIFICIAL TANNING)

- Fitzpatrick I Always burns, never tans
- Fitzpatrick II Always burns, tans less than average
- Fitzpatrick III Sometimes burns, tans average
- Fitzpatrick IV Rarely burns, tans with ease
- Fitzpatrick V Moderately pigmented, always tans
- Fitzpatrick VI Deeply pigmented, never burns

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Heritage background _____

Hair Color that best describes area to be treated _____

List of current medications and/or Herbal products/medications

Clients Signature if over 18 years of age
_____ (Date) _____

Parents Signature if under 18 years of age
_____ (Date) _____

Signature of Physician or LHE Technician
_____ (Date) _____

