**Studio name** _____

# Red light consent

This takes about two minutes. Your answers stay with the salon.

## About you

**Your name**
**First name**

**Last name**

**Date of birth (MM/DD/YYYY)**

**Phone**

**Email**

**Emergency contact**

## Health questions

Please answer every question so the salon can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you take any medicine, cream or supplement that can make skin more sensitive to light, such as some antibiotics, acne medicines or St. John's wort?

☐ Yes ☐ No

**Which ones?**

Do you have lupus or another condition that makes you sensitive to light?

☐ Yes ☐ No

Do you have epilepsy, or have bright or flashing lights ever brought on a seizure or migraine?

☐ Yes ☐ No

Do you have an eye condition, or have you had eye surgery in the last six months?

☐ Yes ☐ No

Do you have a sunburn, an open sore, a rash or a new tattoo today?

☐ Yes ☐ No

**Where?**

Are you pregnant, or could you be?

☐ Yes ☐ No

## What you agree to

**Eye protection**

I'll wear the eye protection the salon offers, or keep my eyes closed, and I won't look straight into the lights.

**Initials** _____

**Warmth and skin**

I understand the panels can feel warm, and that skin can turn pink for a while afterward. I'll tell staff if my skin feels hot or itchy.

**Initials** _____

**Session time**

I'll keep to the session time the salon sets and won't stay longer.

**Initials** _____

**No health claims**

I understand the salon makes no claim that this service improves my health, and it doesn't take the place of care from my doctor.

**Initials** _____

**Stopping**

I can end my session at any time. I'll stop and tell staff right away if I feel dizzy, sick, too hot or too cold, or anything feels wrong.

**Initials** _____

**My answers**

My answers are true and complete. I'll tell the salon before a session if my health or medicines change.

**Initials** _____

*the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.*

**Your signature** _____ **Date** _____

**Printed name** _____

## For staff (For the studio)

## Bed or panel

## Minutes