**Treatment Contraindications for LED Light Therapy**

 Women who are **pregnant** or breastfeeding

 Patients with **Epilepsy** or a history of seizures

 People who have migraines brought on by light

 People with auto immune and metabolic disorders, which can give rise to light induced rashes

 Must wait 1 week after Botox/cosmetic fillers/laser treatments.

**Cautions with medications because of light sensitivity:**

 The following medicines are known to cause temporary photosensitivity:

 Chlorpromazine (Anti-psychotic), also know as Thorazine, Chlorpromazine HcL, Sonazine. Client can be treated if the medication has not been taken within the last 8 days.

 Griseofulvin (Anti-Fungal), also known as Grifulvin V, Fulvicin P/G, Gris-Peg. Client can be treated if the medication has not been taken within the last five days.

 Isotretinoin (Anti-Acne), also know as Accutane. The client can be treated if the medication has not been taken within the last six months.

 Tetracycline’s (antibiotic) also known as Helidac, Terra-Cortril, Terramycin, Sumycin, Tetracycline HcL, Bristacycline, Achromycin V, Actisite, Tetrex, Doxycycline, Ciprofloxacin. Client can be treated if the medication has not been taken within the last five days.

 Methotrexate (Anti-Arthritis & Anti-Cancer), also known as Methotrexate Sodium, PF & LPF, Mexate-AQ, Folex, Trexall. Client can be treated if the medicine has not been taken within the lat three days.

 Amiodarone (Anti-Arrythmic), also known as Amiodarone Codarone x, Pacerone. Treatment can be administered at the physician’s discretion.

**LED Light Treatment Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to authorize ELIF M. ARAN KAYRA to perform the LED Light procedure on me.

1. The nature and purpose of the treatment has been explained to me, and any questions I have regarding this treatment have been explained to my satisfaction.

2. I understand that with any treatment, certain risks are involved and that any complications or side effects from unknown causes could occur. I freely assume these risks.

3. I understand that the LED light procedure should not be administered to people with the following conditions and I do not have any of these conditions.

Persons diagnosed with basil cell carcinoma

Pregnancy

Epilepsy

Psychotic disorder

Thyroid Condition

Taking medications that cause sensitivity to light (example: tetracycline)

Broken or inflamed areas of skin

4. I am over 18 years of age. \_\_\_

5. I will call to inform my practitioner of any complications or concerns I may have as soon as they may occur.

**Client Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_

**Practitioner**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_