

BLU ROOM

WELLNESS CENTER



NEW PATIENT INFORMATION

Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Female / Male (circle one)

Home Phone: _____

Cell Phone: _____

Email Address: _____

Address: _____

How did you hear about us? _____

Medications, _____
Supplements, _____
Essential Oils _____

Health _____
Conditions _____

Emergency Contact Information

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

NARROWBAND ULTRAVIOLET B (NB UVB) INSTRUCTIONS

PRIOR TO TREATMENT

- Provide us with a list of medications that you are presently taking.
- Remove shoes prior to entering Blu Room.
- Remove belts, jewelry, watches, and all other metal from your body upon entering Blu Room (metal snaps, class, zippers, and buttons are acceptable).
- All electronic devices must be turned off and removed prior to entering the Blu Room.
- Relaxing music will be played in the Blu Room. If you prefer silence, please let a staff member know ahead of time.

DURING YOUR TREATMENT SESSION

- The Blu Room door must remain unlocked at all times.
- Please do not touch the walls of the Blu Room.
- Eye protection must be worn at all times it may not be removed under any circumstances while the UVB lights are turned on during your Blu Room session.
- Please lay on the massage table provided for the duration of your treatment.
- Blu Room sessions are 20 minutes in duration.
- Once the Blu Room session begins, the NB UVB lights will stay on for three minutes for the first three sessions, six minutes for sessions four through six, and then nine minutes for all sessions thereafter, unless otherwise directed by your healthcare provider.
- Thoughts are amplified during NB UVB treatment. Be present and keep your thoughts empowered and focus on healing.
- You may experience sense of this detachment/disorientation/euphoria, which is normal.
- A staff member will knock on the door and welcome you back to indicate that your 20 minute session is complete.
- Please exit the Blu Room promptly when a staff member informs you that your session is complete.

THROUGHOUT THE COURSE OF THE TREATMENT

- If at any time during the course of your treatment you do not feel well, please exit the Blu Room and inform staff immediately.

My signature below verifies that I have reviewed the information above. I understand this information and will follow these guidelines in order to have a safe, effective NB UVB treatment.

Name (printed) : _____

Signature : _____

Date: _____

NARROWBAND ULTRAVIOLET B (NB UVB) CONSENT FORM

Narrowband Ultraviolet B (NB UVB) is a type of phototherapy (light treatment) used to treat various skin conditions, including psoriasis, atopic dermatitis (eczema), and itching. This treatment exposes your skin to ultraviolet (UV) light for varying lengths of time. Possible benefits include improvement of existing lesions and reduction of new lesions. NB UVB will not lead to permanent cure, but can effectively control or improve your condition, sometimes over extended periods of time.

The possible risks and side effects of NB UVB are:

- Sunburn or blistering. This may occur at any time during therapy. Certain medications may also cause you to sunburn. Please inform us of any medications you're taking, especially new medications during treatment.
- Theoretical increased risk of skin cancer. However, this has not been demonstrated in many studies with psoriasis patients and UVB treatment.
- Dryness and itching.
- Skin aging, including increase in freckling, wrinkles and dark spots.
- Eye damage and cataracts. This is preventable with the required protective goggles worn during treatments.
- Increased frequency of cold sores (herpes labialis). If you have a history of cold sores, apply sunblock on your lips to reduce the risk of an outbreak.
- Increase in genital cancer in men with long-term UVB exposure (>300 treatments). This risk is decreased with use of shield on the genital area.
- Worsening of other medical conditions, such as lupus erythematosus or other sun-sensitive conditions.

I have fully read and understand the above information. I understand that no one completely knows the long term effects of NB UVB. I authorize my provider to prescribe NB UVB. This authorization also extends to my provider's associates to carry out treatment. I understand that I am free to withdraw my consent and stop treatment at any time.

Name (printed) : _____

Signature : _____

Date: _____