

HYDRAFACIAL
CLIENT CONSULTATION AND RELEASE FORM

Please read carefully, complete, sign and date this form prior to your procedure.

Name: _____

Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Absolute Contraindications (We cannot perform service if the answer is YES to any of the conditions below)

YES NO

Accutane or other similar medication

Autoimmune disease, HIV, lupus, hepatitis, scleroderma

Active infection in the treatment area

Melanoma or lesions suspected of malignancy

Active Sunburn

Pregnancy (medical-legal)

Breastfeeding (medical-legal, may increase skin sensitivity & likelihood of PIH)

Epilepsy contraindicated for LED light therapy (can perform however must omit LED light Therapy)

Relative Contraindications

Anticoagulants therapy (use lower settings)

Very thin skin

Other Aesthetic Treatments: Botox: wait 5-7 days; Fillers: wait 7-10 days; Peels: wait 30 days

Laser Treatments: wait until lesions heal & swelling & redness is resolved

Other Concerns

Keloids: avoid direct contact

Rosacea, telangiectasia (use lower vacuum)

Unrealistic expectations

If you answered **YES** to any of the above questions, please explain:

Please list any known allergies:

Specify your areas of concern (i.e. eyes, forehead, etc.) _____

SECTION 2: HYDRAFACIAL CLIENT CONSENT FORM

(Initial each acknowledgement line below)

1. I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity. _____(initial here)

2. I acknowledge that if I fail to use a minimal sunscreen (SPF 30) and follow the direction for use, I am more susceptible to sunburn, sun damage & hyperpigmentation. I should avoid excessive sun exposure, especially between 10am - 2pm. _____(initial here)

3. I have disclosed my history of allergies above and I acknowledge that if I am allergic to one or more of the ingredients in the products used, I may experience an allergic reaction. _____(initial here)

4. I hereby agree to have the treatment performed and agree to follow all pre and post treatment instructions. _____(initial here)

5. I acknowledge that I should avoid use of aggressive exfoliation, waxing, and products containing acids that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre and post treatment. _____(initial here)

6. I acknowledge that I should avoid use of Retin-A type products for a period of time recommend by my aesthetician pre and post the treatment. _____(initial here)

7. I acknowledge that I have answered all questions truthfully and completely. _____(initial here)

8. I release Edge Systems, the Aesthetician, management and staff of Elmwood Spa from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products. _____(initial here)

By signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge.

Client Signature: _____ Date: _____

Client Name: _____

Operator Signature: _____ Date: _____

Operator Name (Please Print): _____