



BEAUTY SECRETS SPA
by Belen

BODY DETOX TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Options: Body Detox Treatment: _____

Areas to be treated: _____

Body Detox Treatment works with the lymphatic system which helps rid the body of toxins, water and other unwanted substances. This procedure is recommended at least three times a week for 50 minutes each session. The body detox treatments is recommended for pre and post plastic surgery.

Medical History, please indicate that applies:

Pregnancy lactation asthma Psoriasis, Cutaneous Pigmentation, Dermatitis, Melanoma, Vitiligo, Skin Graft/Burns Cancer (or radiation/chemotherapy), wounds Epilepsy Herpes Diabetes/diabetic Keloid scarring/hypertrophic scars Kidney Disease Tattoos or micro-pigmentation Steroid or Hormonal Therapy Hormonal imbalance high blood pressure blood clots vascular disease heart disease birth control

Pre-treatment Questionnaire:

Are you currently in any medical, aesthetic or cosmetic treatment? YES NO, Please specify: _____

Are you taking any type of medication? (list any and all medications you are currently on) YES NO, Please specify: _____

Have you ever used treatment with botulinum toxin (Botox filler (hyaluronic acid)? YES NO, Please specify: _____

Are you currently under any skin treatment regime? YES NO, Please specify:

Have you ever undergone endocrine treatment (hormone therapy, thyroid, etc.)? YES NO, Please specify:

Have skin sensitivity (skin) or any allergies? YES NO, Please specify:

Have any wounds? YES NO, Please specify:

Do you smoke? YES NO

Do you have any blood clots? YES NO, Please specify:

When was your last medical visit? Please specify:

Have you undergone a surgical procedure/o in the last 3 months? YES NO, Please specify:

Are you taking any medications like Warfarin, Coumadin, Jantoven or any blood thinners? YES NO, Please specify:

Not Good Candidates: You may not be a good candidate for Body Detox Treatment if you have high blood pressure, blood clots, cancer, are undergoing radiation, if you smoke or have any disease. Body Detox Treatment works with your lymphatic system, so this treatment is not recommended for anyone with serious medical history.

Treatment Agreement:

By signing this consent, I understand and agree as follows:

I am aware that right after a session of detox treatment, side effects might occur such as: severe redness, bruising, dizziness, blurred vision, nausea and soreness. If symptoms progress for more than 12 hours, seek your doctor.

I undertake to inform at all times about my state of health to the skin specialist. According to this, I declare that I have not omitted any changes of my medical history. If I undergo any changes during treatment, I will let the skin specialist know, so that timely measures can be taken. Hereby declare that I am the one who requesting the body detox treatment and that it was not the person in charge of performing it who convinced me of receiving the body detox treatment. I certify that I have read all the information and accept its contents. I certify that I have had the opportunity to ask about every aspect that I didn't understand at the beginning and I received timely explanations. I understand all the information about the treatment and procedure. If the client is a minor, I, legal guardian for minor, consent to treatment is done and confirm what was stated above.

I understand that all treatments are non-refundable, and a \$35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed, late cancelled, or changed without 48-hour notice will result in a charge equal to the \$35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date _____ of _____ 20_____

CLIENT SIGNATURE: _____