



BEAUTY SECRETS SPA
by Belen

HYDRAFACIAL TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Options: HYDRAFACIAL MICRODERMABRASION
MICRODERMABRASION AND HYDRAFACIAL

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with no discomfort or downtime. The treatment is soothing, moisturizing, non-invasive and non-irritating.

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: _____

Have you ever had any chemical peels, microdermabrasion or any resurfacing treatment?
YES NO

How many bottles of plain water do you consume daily?

Do you suffer from sinus problems? YES NO

Do you have a tendency to skin redness? YES NO

Do you sunbathe or use tanning beds? YES NO

Do you experience oily shine during the day? YES NO

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 body piercings, pacemaker or metal implants? YES NO

Are you currently using any products that contain Glycolic acid, lactic acid, salicylic acid, hydroxy acid, vitamin A? 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:

What are your skin goals?

Not Good Candidates: You may not be a good candidate for HydraFacials If you have high blood pressure, have a pacemaker, bloc clots, cancer, are undergoing radiation, if you have any disease. If you are prone to developing redness, raised keloid scars or other forms of excess scarring, hyperpigmentation, or hypopigmentation. If you do not react well to bums or if you have diabetes, auto-immune diseases, as these diseases may affect your body's wound-healing ability, you are not a good candidate. Furthermore, you are not a good candidate for HydraFacials if you are pregnant, nursing or plan to become pregnant while undergoing the services. Individuals with recently tanned skin are advised to delay the service. You may not be a good candidate for HydraFacials if you have or may have a fever, infectious disease or acute disease.

Treatment Agreement:

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

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 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 Hydro Facial treatment and that it was not the person in charge of performing it who convinced me of receiving Hydro Facial 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: _____