

COMPLEXIONS

SKIN CARE

HydraFacial MD

CLIENT CONSULTATION and CONSENT

Name: _____

Please list any known allergies:

| <u>YES</u> | <u>NO</u> | <u>ABSOLUTE CONTRAINDICATIONS</u> |
|------------|-----------|---|
| | | Accutane or other similar medication in the past year |
| | | Autoimmune disease, HIV, lupus, hepatitis, scleroderma |
| | | Active infection in treatment area |
| | | Melanoma or lesions suspected of malignancy |
| | | Active sunburn |
| | | Pregnant |
| | | Breast feeding |
| | | Epilepsy (for LED Light Therapy) |
| <u>YES</u> | <u>NO</u> | <u>RELATIVE CONTRAINDICATIONS</u> |
| | | Anticoagulant therapy |
| | | Very thin skin |
| | | Other Aesthetic Treatments (Botox = wait 5-7 days, Filler = wait 7-10 days, Peels = wait 30 days) |
| | | Laser Treatments (wait until lesions heal & swelling/redness is resolved) |
| <u>YES</u> | <u>NO</u> | <u>OTHER CONCERNS</u> |
| | | Keloids |
| | | Rosacea, telangiectasia |

I understand, have read and completed this form to the best of my knowledge and have stated all medical conditions that I am aware of. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatment or products received. I voluntarily receive services/treatments and I release Complexion's and/or Complexion's skin care professional from liability and assume full responsibility thereof.

I understand and acknowledge that the practice of skin care including treatments using micro-current, radio-frequency, micro-dermabrasion, ultrasound, LED lights, chemical peels, enzyme peels, facials, massage, body treatments and other various beauty treatments is not an exact science and that no specific guarantees can or have been made concerning expected results. I understand that some clients experience more change and improvements than others. In virtually all cases, multiple treatments along with a home care regime are required to realize optimal outcome.

Signature

Date