

client treatment authorization form

This is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information and will disclose this information only: (i) to our staff members, (ii) to quality assurance and quality control personnel, (iii) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may, however, contact you with product-related information.

name	birthday	
address	apt/unit	
city	state	zip
email phone		

- 1 What treatment are you having today?
 ProSkin Pro Power Peel
 NanoInfusion Dermaplaning
 Microneedling Other
- 2 Within the last year, have you had any health problems that have affected or could affect your skin?
 yes no
- 3 Are you prone to keloid scarring, blisters, or cold sores?
 yes no
- 4 List any medications, supplements, vitamins, diuretics, oral contraceptives, Isotretinoin, etc. that you take regularly.

- 5 Do you have any other medical condition, or autoimmune diseases such as Lupus, contraindicated by your physician for advanced treatments?
 yes no
- 6 Do you wear contact lenses?
 yes no
- 7 Do you have metal implants, a pacemaker or body piercings?
 yes no
- 8 Do you have any allergies?
 yes no
If yes, please specify: _____

- 9 Do you have sinus problems?
 yes no
- 10 Have you ever experienced claustrophobia?
 yes no
- 11 What are your specific concerns/challenges with your skin?

- 12 What skin care products are you currently using?
 soap cleanser toner moisturizer
 masque exfoliant eye products other
- 13 Have you had chemical peels, microdermabrasion or any resurfacing treatments within the last 2 weeks?
 yes no
- 14 Have you been waxed within the last 1-2 weeks?
 yes no
- 15 Have you used retinol, tretinoin or any other prescription skin products within the last three months?
 yes no
- 16 Are you currently using any products that contain the following ingredients?
 yes no
 Glycolic Acid Lactic Acid any exfoliating scrubs
 Other Hydroxy Acids Vitamin A derivatives (i.e., Retinol)
- 17 Please specify if any of the following apply to you:
 pregnant trying to become pregnant lactating
 menstruating pre-menstrual
- 18 Have you received a cosmetic light-based procedure such as laser treatment, IPL, etc. within the last 6 weeks?
 yes no
- 19 Do you have active cold sores?
 yes no
- 20 Have you received neurotoxin (Botox) injections within the past 2 weeks or other injectable procedures within the past 4 weeks?
 yes no
- 21 Do you sunbathe or use tanning beds?
 yes no
- 22 Do you experience redness, itching, or stinging on your skin?
 yes no

pro power peel:

Precautions & Warnings

1. Skin may appear flushed following the treatment.
2. Peeling may begin within 2-3 days. DO NOT pick at loose skin, as this may cause discoloration.
3. Avoid direct sun exposure for 2-3 weeks to prevent hyperpigmentation.
4. Avoid sweaty exercise on the day of treatment, along with or steam rooms.
5. Avoid any type of exfoliating product until directed otherwise by Professional Skin Therapist.

Contraindications for pro power peel:

- | | |
|--|---|
| <input type="checkbox"/> pregnant or nursing women | <input type="checkbox"/> prone to post-inflammatory hyperpigmentation or keloid scars |
| <input type="checkbox"/> open skin lesions | <input type="checkbox"/> recent sun exposure |
| <input type="checkbox"/> active cold sores | <input type="checkbox"/> history of diabetes |
| <input type="checkbox"/> use of isotretinoin currently or in the past six months | |
| <input type="checkbox"/> severe rosacea or acne | |

microneedling:

Precautions & Warnings

1. Discontinue use of retinoid (Retin-A) and/or any form of skin treatment 3 days prior to procedure, under care and direction of a physician.
2. Not for active acne, rosacea, or other inflammatory skin conditions. Not for skin with piercings in treatment area or open wounds.
3. Not to be administered for 6 months to 1 year after isotretinoin (Accutane) regimen.
4. Not for clients with facial outbreaks such as herpes simplex virus. Medication must be taken per doctor's instructions.
5. Not for clients with metal allergies or skin allergies.
6. Any medications that would affect the characteristics of the skin should be stopped for two months prior to treatment, under the care and direction of a physician.
7. For any recent face lift or eyelid surgery, seek advice from your surgeon regarding how soon you can receive treatment.
8. Not for clients who have had dermabrasion, remodeling, deep chemical peels, or any surgical procedure on the treatment area within the previous 3 months.
9. Not for clients who have had neurotoxin injectable (Botox), or other injectables such as collagen, fat, or other methods of augmentation in the targeted area within 14 days.
10. Not for clients who have excessively tanned or sunburned skin from the sun, tanning beds, or tanning creams within previous 14 days.
11. Avoid sweaty exercise, sauna, steam, and sun exposure for 3 days post-treatment.
12. Fitzpatrick skin types 4-6: pigment may darken prior to lightening.
13. You may experience redness for up to 3 days.
14. You may experience inflammation, itching, and burning.
15. Consult a physician if any irritation persists.

Contraindications for microneedling:

- | | |
|---|---|
| <input type="checkbox"/> history of hemophilia, irregular blood pressure, tuberculosis, liver function issues | <input type="checkbox"/> history of eczema, psoriasis and other chronic conditions |
| <input type="checkbox"/> susceptibility to capillary ectasia due to steroid use for extended periods* | <input type="checkbox"/> history of actinic (solar) keratosis, diabetes, raised moles or warts on targeted area |
| <input type="checkbox"/> cardiac abnormalities, pacemaker, blood clotting problems* | <input type="checkbox"/> scleroderma |
| <input type="checkbox"/> blood thinning medication* | <input type="checkbox"/> collagen vascular disease |
| <input type="checkbox"/> immunosuppression* | <input type="checkbox"/> active bacterial or fungal infection; (i.e., cold sore) |
| <input type="checkbox"/> facial melanosis* | <input type="checkbox"/> history of any type of cancer |
| <input type="checkbox"/> keloid scars | <input type="checkbox"/> pregnant or nursing |

nanoinfusion:

Precautions & Warnings

1. Discontinue auto-immune therapies or retinoid 9(Retin-A) and/or any form of active skin care product 3 days prior to procedure, under care and direction of a physician.
2. Not for active acne, rosacea, or other inflammatory skin conditions. Not for skin with piercings in targeted area or open wounds.
3. Not for clients with metal allergies or skin allergies.
4. Any medications that would affect the characteristics of the skin should be stopped for two months prior to treatment, under the care and direction of a physician.
5. Not for clients who have had neurotoxin (Botox) injectable, or other injectables such as collagen, fat, or other methods of augmentation in the targeted area within 14 days.
6. No waxing, depilatory creams, or methods of hair removal to the targeted area for at least 5 days prior. No IPL/laser hair removal 14 days prior.
7. Not for clients who have excessively tanned or sunburned skin from the sun, tanning bed within previous 14 days.
8. Avoid sweaty exercise, sauna, steam, and sun exposure for 3 days post-treatment.
9. You may experience redness between 1-3 days.
10. You may experience inflammation, itching, and burning.
11. Consult a physician if any irritation persists.
12. Raised scars, lesions, or moles in the targeted area will not be treated.
13. Seek physician's approval if you are pregnant or nursing.

Contraindications for nanoinfusion:

- | | |
|---|---|
| <input type="checkbox"/> keloid scars | <input type="checkbox"/> scleroderma |
| <input type="checkbox"/> active eczema, psoriasis, and other chronic condition flare up | <input type="checkbox"/> collagen vascular disease |
| <input type="checkbox"/> history of actinic (solar) keratosis, diabetes, raised moles or warts on targeted area | <input type="checkbox"/> active bacterial or fungal infection |
| <input type="checkbox"/> pregnant or nursing | <input type="checkbox"/> history of any type of cancer |

dermaplaning:

Precautions & Warnings

1. Discontinue products containing any exfoliating agents and active ingredients such as retinol 3 days before treatment.
2. Not for client with facial outbreaks such as herpes simplex virus. Medication must be taken per physician's instructions.

Contraindications for dermaplaning:

- | | |
|---|--|
| <input type="checkbox"/> current, inflamed acne lesions | <input type="checkbox"/> open skin lesions |
| <input type="checkbox"/> skin cancer | <input type="checkbox"/> use of Accutane currently or in the past six months |
| <input type="checkbox"/> active cold sores | <input type="checkbox"/> use of prescription Retinol within the past 3 days |
| <input type="checkbox"/> uncontrolled diabetes | |
| <input type="checkbox"/> dermatitis | |

client consent

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.

The procedure contraindications, precautions and warnings have been explained to me including alternative methods, as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be fully anticipated.

Therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the results of this treatment with Dermalogica are not permanent as natural degradation will occur over time.

I have read this consent form and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment, including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

I confirm that the information I have provided on this form is accurate, to the best of my knowledge, and that I have not withheld any information that will be relevant to my consultation.

signature

date

skin therapist signature

date