

# CLIENT CONSULTATION AND CONSENT FORM

TREATMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERSONAL DETAILS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## CONSULTATION QUESTIONNAIRE

HAVE YOU USED ANY ALPHA HYDROXY ACID (AHA) OR GLYCOLIC PRODUCTS IN THE PAST 48-72 HOURS? \_\_\_\_\_

ARE YOU USING RETIN-A, RENOVA OR ACCUTANE (AN ORAL FORM OF RETIN-A)? \_\_\_\_\_

ARE YOU USING ANY SKIN THINNING PRODUCTS OR DRUGS? \_\_\_\_\_

ARE YOU PREGNANT OR NURSING? \_\_\_\_\_

ARE YOU EXPOSED TO THE SUN OR SUNBED? \_\_\_\_\_

DO YOU SUFFER FROM EPILEPSY OR DIABETES? \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? \_\_\_\_\_

ARE THERE OTHER MEDICAL CONDITIONS OR ISSUES THAT YOUR THERAPIST SHOULD BE AWARE OF? \_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR CANCER? IF YES, WHEN AND WHAT TYPES OF THERAPIES WERE USED? \_\_\_\_\_

DO YOU WEAR CONTACT LENSES? \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES? \_\_\_\_\_

DO YOU HAVE ANY SKIN CONDITIONS SUCH AS PSORIASIS? \_\_\_\_\_

DO YOU HAVE ANY RECENT SCARS (UNDER 6 MONTHS OLD) OR SUFFER FROM KELOID SCARRING? \_\_\_\_\_

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## CONSENT

I HAVE BEEN ADVISED THE SERVICE(S) PROVIDED TO ME BY THIS SALON COULD HAVE UNFAVORABLE RESULTS INCLUDING, BUT NOT LIMITED TO: ALLERGIC REACTION, IRRITATION, BURNING, REDNESS, SORENESS, ECT.

I AM AWARE THAT CERTAIN MEDICATIONS AND OVER THE COUNTER PRODUCTS CAN SIGNIFICANTLY INCREASE THE RISK OF INJURY WHEN COMBINED WITH SERVICES. I UNDERSTAND THAT SERONA BEAUTY AND LASER CLINIC DOES NOT RECOMMEND SERVICES FOR CUSTOMERS USING RETIN-A, ACUTANE AND PRODUCTS CONTACTING ALPHA HYDROXYL, OR ANY OTHER SKIN THINNING TREATMENTS.

I HEREBY CONFIRM THAT I AM NOT USING ANY MEDICATIONS THAT MAY CAUSE OR CONTRIBUTE TO SUCH INJURY/REACTION, AND I WILL ADVISE MY THERAPIST SHOULD I USE ANY SUCH MEDICATIONS IN THE FUTURE.

I UNDERSTAND THERE ARE OFTEN RISKS ASSOCIATED WITH SERVICES, AND I AGREE THAT AS A CONDITION OF PROVIDING THESE SERVICES ON AN ON GOING BASIS, I WILL NOT HOLD SERONA BEAUTY AND LASER CLINIC AND THERAPIST LIABLE

CLIENTS SIGNATURE

THERAPISTS SIGNATURE

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