

# HYDRAFACIAL™ TREATMENT CONSENT FORM

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime. The treatment is soothing, moisturizing, non-invasive and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

## What to expect:

- Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on skin sensitivity.
- You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
- Client experiences may vary. Some clients may experience a delayed onset of symptoms.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks.
- The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 30 sunscreen.

## Do you have any of the following?

- An autoimmune disease such as HIV, lupus, hepatitis, scleroderm \_\_\_\_\_  Yes  No
- Skin conditions such as eczema, dermatitis, or rashes \_\_\_\_\_  Yes  No
- An active infection in the treatment area \_\_\_\_\_  Yes  No
- Melanoma or lesions suspected of malignancy \_\_\_\_\_  Yes  No
- Active sunburn \_\_\_\_\_  Yes  No
- Pregnancy or lactation \_\_\_\_\_  Yes  No
- Anticoagulants Therapy \_\_\_\_\_  Yes  No
- Neurological disorders such as epilepsy \_\_\_\_\_  Yes  No
- Infection in the urinary system including kidneys, bladder and urethra \_\_\_\_\_  Yes  No
- Crohn's Disease \_\_\_\_\_  Yes  No
- Hyperthyroidism \_\_\_\_\_  Yes  No
- Deep Venous Thrombosis \_\_\_\_\_  Yes  No
- Lymphedema \_\_\_\_\_  Yes  No
- Open lesion \_\_\_\_\_  Yes  No
- Active Acne/Inflammatory Acne \_\_\_\_\_  Yes  No



## Have you recently?

- Used Accutane or similar medication \_\_\_\_\_  Yes  No
- Had aesthetic fillers, injectables or laser treatments \_\_\_\_\_  Yes  No

## I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing, and products containing acids that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre-and post-treatment.
- Photos may be taken before, during and after the HydraFacial treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at \_\_\_\_\_.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

