

HYDRAFACIAL



CLASSIC

DELUXE

PLATINUM

DIAMOND

NAME: _____ **BIRTHDAY:** _____

ADDRESS: _____
CITY STATE ZIP

EMAIL: _____ **PHONE #:** _____

EMERGENCY CONTACT NAME: _____ **PHONE #:** _____

HOW DID YOU HEAR ABOUT US? _____
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES? Yes No

MEDICAL INFORMATION	
YES	NO
ABSOLUTE CONTRAINDICATIONS	
<input type="checkbox"/>	<input type="checkbox"/> Accutane or other similar medication
<input type="checkbox"/>	<input type="checkbox"/> Autoimmune disease, HIV lupus, hepatitis, scleroderma
<input type="checkbox"/>	<input type="checkbox"/> Active infection in the treatment area
<input type="checkbox"/>	<input type="checkbox"/> Melanoma or lesions suspected of malignancy
<input type="checkbox"/>	<input type="checkbox"/> Active sunburn
<input type="checkbox"/>	<input type="checkbox"/> Pregnancy <small>(MEDICAL-LEGAL)</small>
<input type="checkbox"/>	<input type="checkbox"/> Nursing <small>(MEDICAL-LEGAL, MAY INCREASE SKIN SENSITIVITY & LIKELIHOOD OF PIH)</small>
<input type="checkbox"/>	<input type="checkbox"/> Epilepsy contraindicated for LED light therapy
RELATIVE CONTRAINDICATIONS	
<input type="checkbox"/>	<input type="checkbox"/> Anticoagulants therapy <small>(USE LOWER SETTINGS)</small>
<input type="checkbox"/>	<input type="checkbox"/> Very thin skin
<input type="checkbox"/>	<input type="checkbox"/> Aesthetic Treatments: BOTOX & FILLERS: WAIT 7-10 DAYS PEELS: WAIT 30 DAYS
<input type="checkbox"/>	<input type="checkbox"/> Laser Treatments: WAIT UNTIL LESIONS HEAL & SWELLING AND REDNESS IS RESOLVED
OTHER CONCERNS	
<input type="checkbox"/>	<input type="checkbox"/> Keloids: avoid direct contact
<input type="checkbox"/>	<input type="checkbox"/> Rosacea, telangiectasia <small>(LOWER VACUUM)</small>
<input type="checkbox"/>	<input type="checkbox"/> Unrealistic expectations
<p>If you answered yes to any of the above questions, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Please list any known allergies:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Specify any areas of concern:</p> <p>_____</p>	



LIABILITY WAIVER AND RELEASE

PLEASE INITIAL THE FOLLOWING:

_____ I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity.

_____ I acknowledge that if I fail to use a minimal sunscreen (SPF 30) and follow the direction for use, I am more susceptible to sunburn, sun damage & hyperpigmentation. I should avoid excessive sun exposure.

_____ I have disclosed my history of allergies above and I acknowledge that I may experience an allergic reaction.

_____ I hereby agree to have the treatment performed and agree to follow all pre- and post-treatment instructions.

_____ I acknowledge that I should avoid use of aggressive exfoliant, waxing, and products containing acids that are not part of the recommended take-home regimen in the treated areas for a minimum 2 weeks pre- and post-treatment.

_____ I acknowledge that I have answered all questions truthfully and completely.

_____ I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my physician and/or skincare practitioner pre- and post-treatment.

_____ I release Edge Systems, my esthetician, management, and staff of Remedi Elite Day Spa LLC from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE CONTENTS OF THIS CONSENT FORM, AND THAT THE INFORMATION I PROVIDED ABOVE ARE COMPLETE, ACCURATE, AND UP TO DATE TO MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

POLICIES AND PROCEDURES

IN ORDER TO ASSURE THE BEST CARE TO OUR CLIENTS AND STAFF, PLEASE BE AWARE OF THE POLICIES AND PROCEDURES LISTED BELOW.

ARRIVAL: We request that you arrive approximately 15 minutes prior to your scheduled HydraFacial. Late arrivals will render the remainder of the scheduled service(s).

SCHEDULING APPOINTMENTS: To hold your appointment, a credit card is required at the time of scheduling. Additionally, payment is required when scheduling online.

CANCELLATION POLICY: You will be emailed, called and/or texted to confirm 1-2 days prior to your appointment. As a courtesy to our clients and staff, it is company policy for all clients to give a 24 hours' notice of cancellation. Failure to do so will result in a 50% charge of your scheduled treatment(s). Clients who miss their appointments without giving any prior notification will be charged in full for the missed treatment(s).

GRATUITY: Gratuities may be paid in cash or charged to your credit card upon request. The amount you leave is at your discretion however, 15-20% is customary.

REFUNDS: Services are final sale. Gift cards and laser packages are non-refundable but may be transferable. All jewelry is final sale. Skin care and body care products are returnable within two weeks of purchase with a receipt.

BY SIGNING BELOW, I AGREE TO THE TERMS OF THESE POLICIES AND PROCEDURES.

SIGNATURE: _____

DATE: _____