



### Royal Hydration Facial

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Would like to receive text spa special offers? Yes or No

Email \_\_\_\_\_ Would like to receive email spa special offers? Yes or No

\_\_\_\_\_ Royal Hydration Facial \_\_\_\_\_ Blue/Red Light Therapy \_\_\_\_\_ Microdermabrasion

\_\_\_\_\_ Micro-Current \_\_\_\_\_ High Frequency \_\_\_\_\_ Chemical Peel

1. Have you ever received hydration before? Yes or No
2. Do you have any allergies? Yes or No
3. Do you have Rosacea? Yes or No
4. Accutane or other similar medication (in the past year)? Yes or No
5. Autoimmune disease, HIV, Lupus, Hepatitis, or Scleroderma? Yes or No
6. Melanoma or lesions suspected of malignancy? Yes or No
7. Active infection in the treatment area? Yes or No
8. Active Sunburn? Yes or No
9. Are you pregnant? Yes or No
10. Are you breastfeeding may increase skin sensitivity & likelihood of PIH? Yes or No
11. Epilepsy or Migraines or Sensitive to light? Yes or No

## Contraindications

Do you have very thin skin? Yes or No

Do have concerns with anticoagulants therapy? (We must use low settings)

Yes or No

Any other skin care or aesthetic treatments: Botox wait 5-7 days Fillers 7-10-days Peels 30 days? Yes or No

Have you had Laser treatments: wait until lesions heal & swelling & redness is resolved?

Yes or No

## Other Concerns

Do you keloid? Yes or No

Do you have Rosacea, telangiectasia? (use lower vacuum) Yes or No

Any medical concerns if yes? Please explain \_\_\_\_\_

If you answer yes to any of the above questions please explain? \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

1. I acknowledge that my skin might experience temporary irritation, tightness, or redness, which dissipates 72 hours depending on skin sensitivity \_\_\_\_\_ (initial here)
2. I acknowledge that is 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 especially between 10am to 2pm. \_\_\_\_\_(initial here)
3. I have disclosed my history of allergies above and I acknowledge that I am allergic to one or more the ingredients in the products used, I may experience allergic reaction \_\_\_\_
4. I here agree to have the treatment performed and agree to follow all pre and post treatment instructions \_\_\_\_\_
5. I acknowledge that I have answered all questions truthfully and completely \_\_\_\_\_
6. I release Royal Pampering Day Spa \_\_\_\_\_ (Aesthetician or Nurse), management and staff of future conditions resulting from skin care procedures or products \_\_\_\_\_
7. I consent use my before, during, and after procedure photographs for education, promotion or advertising purposes. My name will not be used identify these photographs without my written approval \_\_\_\_\_

By Signing below, I certify that I have read and fully understand the contents of this consent form, and the information I provided above are complete, accurate, and up-to-date to my knowledge.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Skin Care Professional \_\_\_\_\_ Date \_\_\_\_\_