Beyond ESTHETICS

INFORMED CONSENT

Please Print

First Name: ____________ Last Name: __________________ Date of Birth:______________
Address: ____
City: ___________________________________ State: ______________ Zip Code:_____________
Phone: ______________________________ Cell: ______________________________________
Emergency Contact: _____________________________Phone: __________________________
Physician: ______________________________________Phone: __________________________
Referred By: ____

1. What is the reason for your visit today What is the reason for your visit today? ____________________
2. Are you under the care of a physician including dermatologist? _________________________________
3. If yes, please state the reason: ____
4. Are you pregnant? Y or N Are you planning to become pregnant? ___________________________
5. Do you smoke? Y or N
6. Please circle the one that best describes your daily stress level: High Medium or Low Stress
7. Do you have metal in your body? Such as dental work. pins, plates. stints, etc.
   Be specific: ____
8. Do you have allergies? Y or N
9. Please list ALL MEDICATIONS:

What type of exfoliation skin care products do you use? Glycolic, scrubs. retin A or any vitamin A derivatives. Please specify ____

Do you have or have you had the following: Please check all that apply

_Epilepsy
_Fever Blisters (Have you ever HAD?)
_Cardiac Concerns Acne Keloid
_Sinus Concerns
_High Blood Pressure
_Fibromyalgia
_Pacemaker
_Heart Stints
_Diabetes
_Botox
_Kidney Disorders
_Immune Disorder
_Metal implants
_Dental Work
_Lupus
_Mitra/ Valve Prolapse
_Herpes
_Cancer
_Hyaluronic Fillers
_Ast/Jma
_Synthetic Fillers
_Plastic Surgery
_Skin Cancers
_Hepatitis
_Herpes Zoster (Shingles)

What products are you currently using? Cleanser ______________ Toner_______________
Scrub _____________ Creams _____________ Sunscreens _____________ what SPF? ___
Eye Creams ________________ Serums ________________

I understand the information I have given is to aid the skin therapist and is not a substitute for medical care and I understand the questions and I have answered them honestly and accurately.

Signed By Client ____________________________________ Date ___________________