Treatment Record Card and Consent Form

DATE:	NAME:
ADDRESS: POST CODE:	TELEPHONE: EMAIL:
Age Group: Under 30 / 31-40 / 41-50 / 51-60 / 61+ Minimum age for PUREHYDRO 16 Years	DATE OF BIRTH:

General medical questions	YES	NO	Comment
Are you taking any medication?			
Do you have any allergies?			
Do you suffer from any medical conditions?			
Are you currently receiving any medical treatment?			
Do you have any implanted medical devices or metal plates?			
Are you taking any over the counter medications or vitamins?			
Do you have thrombosis?			
Do you have any heart or lung problems?			
Do you suffer from any autoimmune disorders?			
Do you suffer from any mental health conditions?			

Contraindications	YES	NO	Comment
Do you have cancer?			
Do you have a history of cancer? (In particular skin cancer)			
Accutane or other similar medication?			
Do you suffer from Lupus?			
Have you taken Roaccutane in the last 12 months?			
Melanoma or lesions suspected of malignancy?			
Are you pregnant?			
Are you taking photosensitive medications?			

Do you have epilepsy?			
Do you have autoimmune disease, HIV, Lupus, Hepatitus?			
Do you have melasma? (Applicable if treating facial area)			
Do you suffer from vitiligo?			
Do you suffer from Diabetes type 1?			
Do you suffer from psoriasis or eczema on area wishing to have treatment?			
Do you have any keloid scars?			

Cautions (GP letter advised)	YES	NO	Comment
Are you breast-feeding?			
Do you suffer from controlled Diabetes type 2?			
Do you have any hormonal disorders?			
Do you suffer from cold sores or herpes simplex?			
Are you having any peels or microdermabrasion on area to be treated?			
Have you had Botox or fillers on area to be treated?			
Do you have any hyper/hypo pigmentation?			
Are you sun tanned or sun burnt at present?			
Do you have many pigmented lesions on area to be treated?			
Do you have excessively dry or sensitive skin?			

Do you have any specific skin concerns pertaining to your face or body?	YES	NO	Comment

Do you use Retin A, Renova, Adapelene Hydroxyl Acid or Retinol/ Vitamin A Products?	YES	NO	Comment

Have you used any acne medication? (please list below)	YES	NO	Comment

What skincare products are you currently using? (please list below)

What areas of concern do you have regarding your skin (please tick any that apply)		Comment
Breakouts/acne	Excessive oil/shine	
Rosacea	Redness/ruddiness	
Sun spot	Sun damage	
Wrinkles/fine lines	Flaky skin	
Dehydrated	Uneven skin tone	
Blackheads/whiteheads	Dull dry skin	
Broken capillaries	Other	

EYES		Other
Dehydrated		
Wrinkles		
Puffiness		
Dark circles		

LIPS		Other
Dehydrated		
Cracked/chapped		

Have you ever had an allergic reaction to any of the following			Comment
Cosmetics		Food	
Pollen		Fragrance	
Drugs		Animals	
Medicine		Shellfish	
AHA's		Iodine	
Latex		Dull dry skin	
Broken capillaries		Other	

What SPF do you use on your face?	

Have you had any recent tanning bed or sun exposure?	

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 in the treatment area. These sensations generally subside within a few hours.
- Client experiences may vary and some clients may experience a delayed onset of these symptons.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated.
- Skin is more susceptible to sun damage. Avoid excessive sun exposure, use sunscreen.

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.

CONSENT

PRINT NAME:	PRINT NAME:
SIGNATURE: DATE:	SPECIALISTS SIGNATURE: DATE:

Record of treatment appointments face:

Treatment	Date	Time	Effect	Therapist	Client signature of satisfaction	Photo record
1						Yes [ ] No [ ]
2						Yes [ ] No [ ]
3						Yes [ ] No [ ]
4						Yes [ ] No [ ]
5						Yes [ ] No [ ]
6						Yes [ ] No [ ]
7						Yes [ ] No [ ]
8						Yes [ ] No [ ]