



Client Health History & Consent: Microcurrent

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work: _____

Email: _____ Preferred Contact: Cell ____ Work ____ Email ____

When is the best time to contact you? Morning Daytime Evening

How did you hear of us? _____

Emergency contact name: _____ Phone: _____

Relationship to you: _____

Health History

Please list any allergies you have: _____

Please list all current medications you are taking (including oral and topical prescriptions, over-the-counter herbs, vitamins and supplements): _____

*These questions are relevant to your skin health and may be contraindications for treatment.
Please answer thoroughly:*

	Y	N	Details (if applicable)	Adverse Reaction (if applicable)
Are you pregnant or nursing?				
Do you wear contacts or glasses?				
Do you have any metal implants, including plates, screws, or pins?				
Do you have any metal piercings?				
Do you use a pacemaker?				
Do you have any heart problems?				
Do you have high/low blood pressure?				
Do you have braces, metal fillings, or other dental implants?				
Do you currently have a cold or flu?				
Do you have an autoimmune disorder or connective tissue disease?				
Have you had any previous facial treatments?				
Do you use Retin A [®] , Accutane [®] , or any other prescribed topical Vitamin A derivative?				
Have you ever had Botox [®] , Juvederm [®] , or any other injectable?				

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Have you ever had any of these conditions? (Please circle)

Acne rosacea	Embolism	Migraines	Sensitive skin	Thyroid conditions
Bell's palsy	Epilepsy	Open wounds	Skin inflammation/disorders	Varicose veins
Cold sores	Light sensitivity	Phlebitis	Stroke/TIA	
Diabetes	Melanoma	Recent scar tissue	Thrombosis	

Any other health condition not listed: _____

Is there anything else we should know about? _____

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your microcurrent treatment, please be aware of the following information and possible risks. Please initial:

___ I understand there are certain contraindications that would preclude me from receiving microcurrent treatments, including autoimmune disorders, diabetes, embolism, epilepsy, melanoma, metal implants including plates/pins/screws, open wounds, pacemaker use, phlebitis, pregnancy, thrombosis, and varicose veins.

___ I understand that the use of Botox®, Juvederm®, Restylane®, and any other injectable must be disclosed prior to treatment.

___ I understand that microcurrent treatments involve conducting mild electrical currents through the body, and that this brings some inherent risk.

___ I understand that reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.

___ I understand that some clients report slight tingling sensations, flashing of the optic nerve, and/or a metallic taste in the mouth during the procedure.

___ I understand that while the goal of this treatment is to improve the vitality of the skin, no specific guarantees of the result can or have been made.

___ I understand that it is imperative to my health that I disclose all of the information requested in the Client Profile/Health History.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

___ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

___ I consent to “before and after” photographs for the purpose of documentation, potential advertising and promotional purposes.

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I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the microcurrent procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (Printed) _____ Date: _____

Client Name (Signature) _____ Date: _____

Skin care specialist _____ Date: _____

POLICIES

We require 48-hour notice for cancellations and 24-hour notice to reschedule wax appointments. Cancellation for Monday must be phoned in on the Friday before. In the event of a late cancellation or no-show appointment the card used to reserve your appointment will be charged \$75 for the facial and \$20 for the wax appointment. If I am able to fill the appointment with a client from the waiting list, I am happy to waive the fee.

NO SHOW appointments are subject to 100% of the cost of the appointment reserved. I am reasonable and understand that life happens, but being stood up will not be tolerated. Please arrive 5 minutes before your scheduled appointment so we have plenty of time for your service.

If you are not satisfied with your service or products, please contact your skin care professional within 24 hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information:

Client Signature _____ Date _____