BEAUTILASE

34 Target Road, Glenfield, 09 442 2603 or 021 169 4975

Consent Form for RF Needling

Today's Date_____

CLIENT INFORMATION & MEDICAL HISTORY INFORMED CONSENT In order to provide you with the most appropriate treatment, please complete the following questionnaire. All information is strictly confidential.

Name _____ DOB ____/____/____ Age _____ Sex _____

Address _____ City _____

Cell Phone _____ Home Phone _____

E-Mail _____ How did you hear about us? _____

Area To Be Treated _____

Medical Information: Do you have any of the following medical conditions? (Please TICK all that apply)

__ Cancer ___ Vitiligo ___ Hepatitis

__ Diabetes ___ Pacemaker/Defibrillator ___ Hormone Imbalance

__ High Blood Pressure ___ Paralysis ___ Thyroid Imbalance

__ Herpes Simplex ___ Muscle Weakness ___ Blood Clotting Disorder

__ Frequent Cold Sores ___ Neurological Disorder ___ Keloid Skin Lesions

__ HIV/AIDS ___ Arthritis ___ Eczema

__ Depression ___ Seizure Disorder ___ Psoriasis

__ Auto- Immune Disorder

Are you currently under the care of a Physician or Dermatologist? Yes / No If yes, Provide Details

_____

Do you have any other current of past health problems or medical conditions? Yes / No If yes, Provide Details

_____

Please list any known allergies, and/ or past allergic reactions:

_____

Have you had any surgeries? Yes / No If yes, Provide Details

_____

Current Medications Please list all oral and topical medications you are presently taking: (including anti-biotics, hormone therapy, blood thinners, mood altering medications, 'over the counter' medications)

_____

_____

Please list all vitamins and/or herbal supplements you are presently taking:

_____

Have you ever had any of the following?

__ Laser Hair Removal	___ IPL Treatment	___ Photofacials	___ Fractional Laser
__ Electrolysis	___ CO2 Laser	___ Lase Surgery	___ Cosmetic Surgery
__ Waxing	___ Collagen or Other Fillers	___ Botox or Dyspot	___ Facials
__ Tweezing	___ Chemical Peels	___ Microdermabrasion	___Threading

I have had following treatments performed by BEAUTILASE (Please Tick)

__ Fat Reduction Treatment __Laser Hair Removal __ RF Micro needling __ Plasma Pen __ Derma Pen

__ Tattoo Removal __ Laser Skin Tightening __ Facial Peels __ Vein Removal __ LED Light Therapy.

Are there any other laser or skincare treatments you are interested in:

_____

_____

Client Lifestyle

Do you smoke? _____ How often? _____

Do you drink? _____ How often? _____

Are your activities mostly indoor or outdoor? Circle one.

How many times a week do you exercise? _____

Do you use tanning beds? Yes / No

Have you had any recent tanning or sun exposure that changed the colour of your skin? Yes / No

Have you recently used any self-tanning lotions of spray tans/treatments? Yes / No

For our female patients only:

Are you currently on Birth Control? Yes / No

Are pregnant or lactating? Yes / No

Are you trying to become pregnant? Yes / No

Are you nursing? Yes / No

Did you get hyperpigmentation or pregnancy mask during your pregnancy? Yes / No

Are you menopausal? Yes / No

When was the last day of your last menstrual period? _____

_____

ABOUT RF technologically

RF is one of the most technologically advanced forms of skin rejuvenation therapy available. Its powerful combination of fractional radiofrequency energy and minimally invasive micro-needles is ideal for non-surgical skin tightening, wrinkle and pore size reduction, acne and acne scar treatment, as well as axillary hyperhidrosis (excessive sweating) treatment.

RF uses bipolar radiofrequency energy, delivered precisely and directly into the deeper layers of the dermis via minimally invasive micro-needles. This creates microscopic wounds (fractionated denaturing) in the dermal tissue. These in turn stimulate fibroblast activity, causing a significant increase

in collagen production as well as tightening of elastin fibres and an increase in lymphatic flow.

The following points will be discussed with me during my individualised consultation

(Please Initial Each Line):

Additional aesthetic techniques are the use of a compounded numbing cream that contains Tetracaine, Betacaine and Lidocaine and can be applied to the treatment area thirty minutes prior to laser treatment.

_____ Some discomfort may be experienced during laser treatment.

_____ Common **side effects** include **temporary redness and mild** "**sunburn**" like effects that may last a few hours to 3-4 days or longer.

_____ Serious complications are rare but possible.

_____ Other **potential risks** include but not limited to crusting, itching, pain, bruising, burns, scabbing, swelling, and failure to achieve the desired result. May take 1 week heal

_____ During the healing process there is a slight possibility that there might be a **Pigment changes**, including **hypopigmentation (lightening of the skin)** or **hyperpigmentation (darkening of the skin) lasting 1 to 6 months or longer** surrounding skin. This is usually a temporary condition; however, on a rare occasion, it can be permanent**.**

_____ Full treatment schedule process such as waiting period is **4-weeks in-between treatments** and the expected results.

_____I understand that I may require more than one treatment depends on the severity and condition of my skin to obtain the results I desire.

_____I have been informed that after RF treatment I will **avoid sun for 2 week** until skin has healed and wear a SFP 30. In the first few days after treatment I will not scrub or use abrasive skin cleansers.

_____ I understand that **sun or tanning lamp exposure, the use of self-tanning creams**, and not adhering to the after treatment instructions provided to me may increase my chance of complications.

_____ Most people resume regular daily activities immediately following treatment**. You should not take hot baths, hot showers, or engage in vigorous exercise for 3 to 4 days until skin feel normal.**

_____ To minimize the chance of complications the pre and post care instructions must be followed carefully.

I permit photographs and digital images being taken to evaluate treatment effectiveness, for medical education and training. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

I freely consent to the proposed treatment. I hereby release BEAUTILASE, from any liability arising out of the services associated with the above treatments. Pre-treatment and post-treatment aftercare instructions have been discussed with me. I am aware that the procedure, potential benefits, risks and results vary from person to person. In a very rare case the desired result may not to be reached, due to unknown factors such as underlying medical and life style factors. All alternative treatments options have also been explained to my satisfaction. All my questions have been answered. By signing below, I certify that I have read and fully understand this consent form as well as the Exclusionary Criteria listed.

I certify that the preceding medical, personal, and skin history are true and correct. I am aware of the above stated BEAUTILASE policies and will abide by them. I am aware that it is my responsibility to inform BEAUTILASE of any medical changes, health changes, skincare regime, new or changed medications, or recent sun exposure as this will alter the results of my treatment. A current medical history is essential for the caregiver to execute the appropriate treatment procedures.

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE TREATMENTS ARE NON REFUNDABLE AND NON EXCHANGEABLE. THIS INCLUDES ANY PACKAGE DEALS OFFERED TO ME.

Client Signature: _____ Print Name:_____ Date:_____

Therapist: _____ Print Name:_____ Da