

ENTER LOGO HERE

HydraFacial Consent Form

PERSONAL INFORMATION:

Title _____ First Name _____ Surname _____

Address _____

Suburb _____ Postcode _____ State _____

Occupation _____ Email Address _____

Mobile _____ Home Ph _____

Date of Birth _____ Ethnic Background _____

Family Doctor Name and Contact No: _____

Emergency Contact Name and Telephone _____

How did you hear about us? _____

MEDICAL HISTORY:

Do you have any of the following conditions: *If yes, please select them:*

- | | |
|--|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Hyper/hypo pigmentation |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Blood/clotting disorder | <input type="checkbox"/> Immune disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keloid scarring |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Metal bon pins/plates |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Skin disease/lesions |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Seborrhoea |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Warts |

Any other conditions _____

Any known allergies? ☐ No ☐ Yes

ENTER LOGO HERE

List any medications you take regularly, including vitamins, herbal supplements, aspirin etc:

Any recent surgeries, including plastic surgery? ☐ No ☐ Yes, explain

Are you pregnant, trying to become pregnant or breastfeeding? ☐ No ☐ Yes

SKIN HISTORY:

Have you ever had a facial treatment before? ☐ No ☐ Yes

If yes, when and please explain:

What are your skin goals?

What is your skin type? ☐ Normal ☐ Oily ☐ Dry ☐ Combination ☐ Mature

Your exposure to the sun? ☐ Never ☐ Light ☐ Moderate ☐ Excessive

Foundation you wear: ☐ Liquid ☐ Cream ☐ Powder ☐ None

How does your skin heal? ☐ Fast ☐ Slow ☐ Moderate

Do you bruise easily? ☐ No ☐ Yes

Please tick the current products you use:

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cleanser | <input type="checkbox"/> Facial soap | <input type="checkbox"/> Sheet masks |
| <input type="checkbox"/> Exfoliants | <input type="checkbox"/> Skin toner | <input type="checkbox"/> Retinol |
| <input type="checkbox"/> Serums | <input type="checkbox"/> Eye cream | <input type="checkbox"/> Day/night creams |

Have you ever used acne medication? ☐ No ☐ Yes

If yes, when? _____ list the name/s _____

In the last 3 months, have you used Retin-A, AHA's or Retinol/Vitamin A derivative products? ☐ No ☐ Yes, please describe

Have you received Botox, Restylane, or Collagen injections in the last 6 months?

☐ No ☐ Yes, please specify:

About the procedure

HydraFacial is a non-invasive skin treatment that deeply cleanses, exfoliates, extracts impurities, and hydrates the skin using a vortex fusion system. The procedure helps improve skin texture, tone, and hydration but does not provide permanent results. Regular treatments are recommended for ongoing maintenance and optimal skin health.

Risks

HydraFacial is generally safe for most skin types; however, temporary side effects may include redness, slight irritation, or tingling. Rarely, sensitive skin may experience mild breakouts or an allergic reaction to specific ingredients in the serums used during treatment.

Infection

The risk of infection is minimal as HydraFacial is a non-invasive treatment using sterile, disposable tips. However, if the skin is broken, compromised, or if post-treatment care instructions are not followed, there is a slight risk of irritation or infection. **MUST** avoid sun exposure immediately after the treatment. You should also wear a daily SPF +30 and avoid picking and/or peeling the skin during healing period.

Scarring

HydraFacial does not typically cause scarring, as it does not involve invasive techniques. However, individuals with a history of keloid scarring or extremely sensitive skin should inform their therapist before treatment to ensure the procedure is suitable for them.

Pain

HydraFacial is a comfortable treatment with minimal to no pain. Some individuals may experience mild tingling or a slight suction sensation during the extraction phase, but discomfort is generally very minimal.

Mild redness, sensitivity, and slight swelling are normal after a HydraFacial and typically subside within 12–24 hours. A slight tingling sensation may also occur as the skin absorbs the active serums. However, receiving treatments less than four weeks apart may lead to prolonged sensitivity or irritation, especially for those with sensitive or reactive skin.

ENTER LOGO HERE

- ☐ I understand that HydraFacial is a temporary skin rejuvenation treatment and will not permanently improve skin texture, tone, elasticity, hyperpigmentation, scars, or fine lines and wrinkles. While it delivers immediate hydration, brightness, and smoothness, its effects are not long-lasting. It is important to have realistic expectations and understand the limitations of the treatment. For more significant or lasting results, additional sessions and ongoing maintenance may be necessary.
- ☐ I have not had any unprotected sun exposure in the last 2 weeks I have disclosed with my technician if I am on any medications.
- ☐ I do not have a history of keloid scars.
- ☐ I do not have any form of clotting disorders or taking blood thinners.
- ☐ I have not used Retin A in the last 2 weeks.
- ☐ I have not had any laser resurfacing or chemical peels in the last 4 weeks.
- ☐ I have not had any Botox or injectable fillers in the last 4 weeks.
- ☐ I am not pregnant or breastfeeding.
- ☐ I am not a diabetic.
- ☐ I have made my clinician aware of any illnesses or medical conditions to the best of my knowledge.
- ☐ I understand there are no refunds on any performed service.
- ☐ I agree to inform my therapist of any changes throughout the course of my treatments.
- ☐ In relation to my treatment, I have been advised as follows...
- ☐ Treatment is successful on most clients, but my individual results cannot be guaranteed.
- ☐ Exposure to UV rays can compromise my treatments, therefore I will wear SPF + 30 daily.
- ☐ To follow after care as instructed to receive best possible outcome.
- ☐ Understand there may be possible side effects/risks
- ☐ I have read all the above and have had all my questions satisfactorily answered.

By signing below, you agree to the following:

I have completed this form truthfully and to the best of my knowledge. I agree to inform my therapist of any changes to the above information. I agree to waive all liabilities toward my skin therapist and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Do not sign this form until you have read and understood all the above.

Name_____Date_____

Signature_____