

HYDRAFACIAL[™] INTAKE FORM

Today's Date: ____ / ____ / ____

Client Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Parent / Guardian's Name & Phone: _____
(for clients who are under age 18): First Last Cell Phone

Address: _____ Home phone: _____

_____ Cell Phone: _____

Email: _____ Cell phone provider (for texts): _____

Please PRINT CLEARLY

How did you hear about us? Please check one:

Magazine/Newspaper Online Ad Online Search Current Client (Name): _____

Other: _____

Are you a current member at LaVida Massage & Skincare? Yes ___ No ___

HydraFacial[™] Treatment Consent

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration, and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime. The treatment is soothing, moisturizing, non-invasive, and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

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 and stinging in the treatment area. These sensations generally subside within a few hours.
- Client experience may vary. Some clients may experience a delayed onset of symptoms.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated for 1 to 4 weeks.
- The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 30 sunscreen.

Health History:

Do you have a history of any of the following? Yes: ___ No: ___ Other: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Active acne/inflammatory acne | <input type="checkbox"/> Eczema | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Active infection in the treatment area | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Melanoma or lesions suspected of malignancy |
| <input type="checkbox"/> Active sunburn | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Open lesion(s) |
| <input type="checkbox"/> Anticoagulants Therapy | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Pregnancy or lactation |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> HIV | <input type="checkbox"/> Rashes |
| <input type="checkbox"/> Deep Venous Thrombosis | <input type="checkbox"/> Infection in the urinary system | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Lupus | |

Have you recently? Yes: ___ No: ___ Other: _____

- Used Accutane or a similar medication Had dermal fillers, injectables, or laser treatments

- PLEASE TURN OVER TO CONTINUE -

HydraFacial™ Treatment Consent (continued)

Acknowledge the following:

I will avoid the use of aggressive exfoliation, waxing, and products containing acids that are not part of the recommended take-home regimen in the treated areas for a minimum of 2 weeks pre- and post-treatment.

- Photos may be taken before, during, and after the HydraFacial treatment. Photos will only be used with my written approval for education, promotion, or advertising purposes.
- The information provided has been explained to me and all of my questions have been answered to my satisfaction. I have read the above information, and I have my consent to have the HydraFacial treatment performed on me by the staff of LaVida Massage (Smithtown, NY).
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Client Name: _____ Date: _____ Signature: _____
Please PRINT CLEARLY

If signing as a guardian for a minor, please indicate your name and relationship to the client:

Name: _____ Date: _____ Relationship: _____