EGÉA The North Shore's Wellness Spa

360 TOTAL SKIN REJUVENATION CONSENT

Name: ____________________________________ Email address: ____________________________

Address: ____

City: ____ State: _______ Zip: ______________

Cell Phone: ____________________________ Home Phone: ____________________________

We never sell or share your contact information.
Thank you for providing your phone number and e-mail address so we may confirm future appointments.

Medical History Please check all that apply:

[ ] Bleeding disorder, bruise easily
[ ] Endocrine/hormone issues
[ ] Pacemaker/defibrillator
[ ] Accutane within the last 6 months
[ ] Dermatological conditions
[ ] Photoallergic

List any medical conditions: ____

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List any medications taken: ____

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List any allergies: ____

Contraindications:

- Tanned skin (active or passive)
- History of keloid scarring
- Poorly controlled diabetes
- Accutane taken in last 6 months
- Atypical moles or malignancy
- Pregnancy
- Any abnormal or undiagnosed pigmentation should be avoided
- Non-intact skin (i.e. sores, psoriasis, eczema, infection, rash) should be avoided
- Recent chemical or mechanical peeling in treatment area (within 2 weeks)
- Laser resurfacing in treatment area within 3 months
- Any medical condition involving impairment of skin structure, especially healing patterns

I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations, and alternatives. I am not using any medication or products not listed. I have disclosed any medical conditions, allergies or sensitivities I have or have had in the past. The information above is correct and I give consent for this treatment. I will follow to the best of my ability any and all instructions.

Client's signature ____________________________________ Date ____________________

Esthetician's signature ________________________________ Date ____________________