

344 Beauty Bar Cosmetic Interest Questionnaire

Your Information:

Your Name _____
Address _____
Zip Code _____
Telephone _____
Email _____
Date of Birth _____

What brings you to the office today?

What are your areas of concern?

(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Frown lines between the brows | <input type="checkbox"/> Fine lines and wrinkles |
| <input type="checkbox"/> Lines around nose and mouth | <input type="checkbox"/> Rough skin texture |
| <input type="checkbox"/> Facial Rejuvenation | <input type="checkbox"/> Sagging skin |
| <input type="checkbox"/> Facial hair | <input type="checkbox"/> Hyperpigmentation |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Dark circles under eyes |
| <input type="checkbox"/> Freckles | <input type="checkbox"/> Dry skin |

Are you interested in learning more about the following?

(Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> BOTOX Cosmetic | <input type="checkbox"/> JUVÉDERM™ injectable gel |
| <input type="checkbox"/> Alpha hydroxy acid and glycolic peels | <input type="checkbox"/> Skin rejuvenation |
| <input type="checkbox"/> Hair removal | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Acne Treatments | <input type="checkbox"/> Chemical peels |
| <input type="checkbox"/> Laser skin resurfacing and laser treatments | <input type="checkbox"/> Skin analysis and advice |
| <input type="checkbox"/> Skin care products | <input type="checkbox"/> Birthmarks |
| <input type="checkbox"/> Liver spots/age spots | <input type="checkbox"/> Sun protection |
| <input type="checkbox"/> Facial vein removal | <input type="checkbox"/> Leg vein removal |
| <input type="checkbox"/> Spider vein treatments | <input type="checkbox"/> Facials and eye treatments |
| <input type="checkbox"/> IV Nutrient Therapy | <input type="checkbox"/> Unwanted Fat/Cellulite Reduction |

Other: _____

How did you hear about us?

- Friend or family member _____
 Physician or other healthcare provider _____
 Ad or article _____
 Internet (Web site) _____

Other: _____

Medical Inquiries?

- Pregnant or Nursing? Yes No
 - Trimester? _____
 - Do you use any Retinol, Tretinoin or products that contain Vitamin A? Yes No
 - Last Use? _____
 - Have you previously used Accutane? Yes No
 - Last Use? _____
 - Please indicate if you have any of the following for both your and our staff's safety:
 - HIV/AIDS, Cold Sores, Hepatitis B or C, Shingles
 - Please list any topical and oral medications you are currently on: _____
-
- Please list any allergies you may have: _____

Microdermabrasion Client Informed Consent

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

1. I voluntarily request that 344 Beauty Bar and associates perform the Microdermabrasion procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.
2. I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such other or different conditions I will be referred to appropriate medical care provider and or treatments.
3. I acknowledge that, while the goal of such a procedure is the removal of damaged skin, the realistic results average 50-75% improvement. I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are improved and in others no appreciable improvements is noticed.
4. I also realize that the following risks and hazards may occur in connection with the particular procedure; worsening or unsatisfactory appearance, creation of additional problems such as: poor healing or skin loss, painful unattractive scarring, or recurrence or the original condition.
5. I have been advised that I must use sunscreen of SPF 25 or greater at all times through out the course of treatment.
6. I have received a thorough explanation of pre-exfoliation and post-exfoliation instructions. I understand should I have any questions, I should not hesitate to call.

I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the microdermabrasion procedure and, in the event of a needle stick injury, I consent to have my blood tested for infectious diseases at my own cost. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Signature: _____

Date: _____