Devon Murphy, Licensed Esthetician 9 Davison Ave, Oceanside NY 11572

Client agreement - Beautiful Image Facial & Body sculpting

Name_____

Address: _____ Zip Code: _____

Cell Phone: _____ Age: ___Date of Birth _____

Whom may we thank for referring you/ how di you hear about us?

_____

Please describe your skin care program – be specific with products and frequency of use:

_____

Have you ever had a professional facial? Yes or No If yes how often?_____

Do you have sensitive skin? Yes or No if yes please describe: _____

Have you had any of the following procedures, and if so when?

- ☐ ChemicalPeel_____
- ☐ Skin Resurfacing _____
- ☐ IPL _____
- ☐ Microdermabrasion_____
- ☐ Botox / Injectable_____
- ☐ Surgery _____

Life style choices can significantly improve or slow the results of this procedure. The following information will enable us to best customize a sculpting program for you. Please answer as honestly as possible.

YES NO Did/Do you use tobacco? (List type and amount)

YES NO Did/Do you intake alcohol? (Type and amount per week)

YES NO Salt intake (Add to food?- (seldom/ frequently)

YES NO Caffeine Intake? (Type and amount per day)

How many hours of sleep do you get per night?

How many 8 oz glasses of water do you drink per day?

YES NO Have you lost or gained a significant amount of weight in the last twelve months? If so how much?_____

YES NO Are you on a carb restricting diet? If so how long? _____

What is your diet consist of? (Do you eat healthy foods?) _____

YES NO Do you regularly exercise, and if so do you use weights, cardio or both?

Certain conditions may restrict or preclude this treatment. Please indicate if you have had any of the following and if so how long or what date was it treated?

YES NO Epilepsy?

YES NO Pacemaker/ Pacemaker lead?

YES NO Multiple sclerosis?

YES NO Heart condition?

YES NO Pregnant? (Due date?)

YES NO Metal IUD

YES NO Collagen injections?

YES NO Botox injections?

YES NO Cancer? (type & how long?)

YES NO Skin disorders/ skin allergies?

YES NO Inflammation, infection or disease of skin?

YES NO Recent scar tissue?

YES NO Facial metal implants?

YES NO Lack of normal skin sensation?

YES NO Any circulatory problems?

YES NO Previous cosmetic surgery?

YES NO Do you wear contacts?

Please list any prescription medications or nutritional supplements that you are currently taking:

_____

What do you want to accomplish with Beautiful Image Facial & Body sculpting?

_____

Client consent and authorization

INFORMED CONSENT: I hereby authorize the administration of skin rejuvenation procedure using the non surgical Beautiful Image Facial and Body Sculpting machine. I understand Facial and Body sculpting involves the use of micro currents through the skin.

The nature and purpose of the treatment has been explained to me and any questions I have regarding the treatment have been explained to my satisfaction.

No guarantee, warranty or assurance as been made to me as to the results that may be obtained. I am aware that multiple treatments are necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. No refunds will be given for treatments received. I understand and agree that all services rendered to me are charged directly to me and I am personally responsible for given for treatments received. I understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payments.

I release Devon Murphy, Licensed Esthetician and the Oceanside Wellness Center and technicians for liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, and successors. My signature below acknowledges that I have had an opportunity to view and/ or receive a copy of the provider's notice of privacy practice.

Patient's signature _____ **Date:** _____