

# HYDRAFACIAL

## Treatment Information

### BEFORE A HYDRAFACIAL

- Avoid the use of Retin-A/Retinol products for a minimum of 2 weeks pre-treatment.
- Aggressive exfoliation, waxing and products containing acids should be avoided in the treatment area for a minimum of 2 weeks pre-treatment.

### DURING A HYDRAFACIAL

- You may experience tingling and stinging during the treatment area. These sensations generally subside within three hours of treatment.

### AFTER A HYDRAFACIAL

- Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on your skin sensitivity.
- Client experiences may vary. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.
- You will likely see results immediately after treatment and your skin will feel smooth and hydrated for one to four weeks. For improved, longer lasting results, consider take-home products and packages of HydraFacial treatments. Our monthly GlowGetter Membership offers additional savings, but there is a wait list.
- The treatment area is more susceptible to sunburn, sun damage, and hyper-pigmentation so avoid direct sun exposure and use a minimum SPF of 40 sunscreen.
- Aggressive exfoliation, waxing and products containing acids should be avoided in the treatment area for a minimum of 2 weeks post-treatment.
- Avoid the use of Retin-A/Retinol products for a minimum of 2 weeks post-treatment.
- Contact us if your symptoms appear to worsen or if you have any questions related to your HydraFacial treatment.

# HYDRAFACIAL

Consent Form

**CLIENT'S FULL NAME:** \_\_\_\_\_

**TREATMENT DATE:** \_\_\_\_\_

## Do you have any of the following?\*

Active acne or infection \_\_\_\_\_  Yes  
 No

Open lesion or cold sore \_\_\_\_\_  Yes  
 No

An active infection in the treatment area \_\_\_\_\_  Yes  
 No

Active sunburn \_\_\_\_\_  Yes  
 No

Skin conditions such as eczema, dermatitis, or rashes \_\_\_\_\_  Yes  
 No

An autoimmune disease such as lupus \_\_\_\_\_  Yes  
 No

A viral concern such as HIV or hepatitis \_\_\_\_\_  Yes  
 No

Anticoagulants Therapy \_\_\_\_\_  Yes  
 No

Melanoma or lesions suspected of malignancy \_\_\_\_\_  Yes  
 No

Pregnancy or lactation \_\_\_\_\_  Yes  
 No

Neurological disorders such as epilepsy (LED Lights) \_\_\_\_\_  Yes  
 No

Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) \_\_\_\_\_  Yes  
 No

Crohn's Disease (Lymphatic drainage) \_\_\_\_\_  Yes  
 No

Hyperthyroidism (Lymphatic drainage) \_\_\_\_\_  Yes  
 No

Deep Venous Thrombosis (Lymphatic drainage) \_\_\_\_\_  Yes  
 No

Lymphedema (Lymphatic drainage) \_\_\_\_\_  Yes  
 No

\*Saying yes does not preclude you from receiving treatments.

**Have you recently?**

Used Accutane, topical medications or antibiotics \_\_\_\_\_  Yes  
 No

Had aesthetic fillers, injectables or laser treatments \_\_\_\_\_  Yes  
 No

**I acknowledge the following:**

- I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 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 my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Essentials Medi-Spa.
- 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'S FULL NAME:** \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_