



# CONSENT FORM

## Hydrofacial

HydroFacial is the only hydrodermabrasion 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 HydroFacial 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, generally subside within a few hours.

Client experiences may vary. Some clients may experience a delayed onset of these symptoms.

You will likely see results immediately after treatment and your skin may feel smooth and hydrated.

The skin is more susceptible to sunburn. Avoid excessive sun exposure and use SPF 50 sunscreen.

### CONSENT

☐ I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity.

☐ I acknowledge that if I fail to use a minimal sunscreen (SPF 30) and follow the direction for use, I am more susceptible to sunburn, sun damage & hyperpigmentation. I should avoid excessive sun exposure especially between 10am-2pm.

☐ I have disclosed my history of allergies, and I acknowledge that I may have an allergic reaction.

☐ I hereby agree to have the treatment performed and agree to follow all pre-and post-treatment instructions.

☐ I acknowledge that I should avoid 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 2 weeks pre and post-treatment.

☐ I acknowledge that I have answered all questions truthfully and completely.

☐ I acknowledge that I should avoid the use of Retin-A type products for a period of time recommended by my physician and /or skincare practitioner pre and post the treatment.

☐ I release the service provider, management, and staff from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products.

☐ I consent to the use of my before, during and after facial procedure photographs for education, promotion or advertising purposes. My name will not be used to identify these photographs without my written approval.

By signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Artist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HYDRAFACIAL

## Consultation form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact

Name / Relationship / Phone: \_\_\_\_\_

### ABSOLUTE CONTRAINDICATIONS

Accutane or other similar medication ☐ Yes ☐ No

Autoimmune disease, HIV, lupus, etc ☐ Yes ☐ No

Active infection in the treatment area ☐ Yes ☐ No

Aesthetic Treatments: ☐ Botox: wait 5-7 days, ☐ Fillers: wait 30 days

☐ Active Sunburn 7-10 days, ☐ Peels: wait 30 days

Pregnancy (medical-legal) ☐ Yes ☐ No

Anticoagulants therapy ☐ Yes ☐ No

Very thin skin ☐ Yes ☐ No

Melanoma or lesions ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Laser Treatments: wait until lesions heal & swelling & redness is resolved

☐ Yes ☐ No

### SKIN TEST

Select if/where appropriate:

Moisture content: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Muscle tone: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Elasticity: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

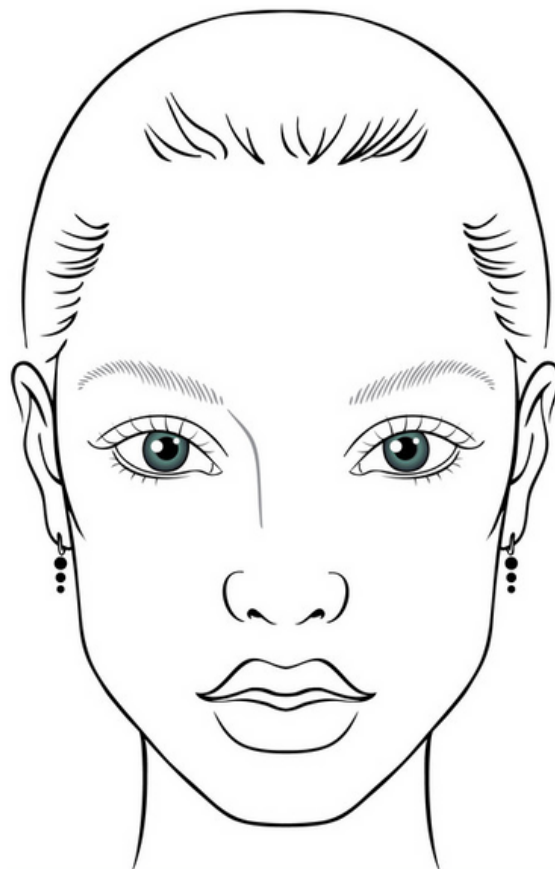
Sensitivity: ☐ High ☐ Medium ☐ Low

Skin's healing ability: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Skin tone: ☐ Fair ☐ Medium ☐ Dark ☐ Olive

Circulation: ☐ Good ☐ Normal ☐ Poor

Pores: ☐ Fine ☐ Dilated ☐ Comedones ☐ Milia



Which of the following best describes your skin type?

- |   |   |
|---|---|
| <input type="checkbox"/> Creamy complexion      | <input type="checkbox"/> Always burns easily, never tans  |
| <input type="checkbox"/> Light Complexion       | <input type="checkbox"/> Always burns, tans slightly      |
| <input type="checkbox"/> Light/Matte Complexion | <input type="checkbox"/> Burns moderately, tans gradually |
| <input type="checkbox"/> Matte Complexion       | <input type="checkbox"/> Seldom burns, always tans well   |
| <input type="checkbox"/> Brown Complexion       | <input type="checkbox"/> Rarely burns, deep tan           |
| <input type="checkbox"/> Black Complexion       | <input type="checkbox"/> Never burns, deeply pigmented    |

Do you have any special skin problems or concerns pertaining to your face or body? ☐ Yes ☐ No

Please specify: \_\_\_\_\_

Have you ever had chemical peels, laser or microdermabrasion? ☐ Yes ☐ No In the last month? ☐ Yes ☐ No

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A products? ☐ Yes ☐ No

describe: \_\_\_\_\_

Have you used any of these products in the last 3 months? ☐ Yes ☐ No

Have you used an acne medication? ☐ Yes ☐ No, when? \_\_\_\_\_ Which drug? \_\_\_\_\_

What skin care products are you currently using? (List brand, if known)

\_\_\_\_\_  
\_\_\_\_\_

What areas of concern do you have regarding your: Skin: (Please check any that apply and explain)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Breakouts/acne      | <input type="checkbox"/> Blackheads/whiteheads | <input type="checkbox"/> Excessive oil/shine |
| <input type="checkbox"/> Rosacea             | <input type="checkbox"/> Broken capillaries    | <input type="checkbox"/> Redness/ruddiness   |
| <input type="checkbox"/> Sun spot/liver spot | <input type="checkbox"/> Uneven skin tone      | <input type="checkbox"/> Sun damage          |
| <input type="checkbox"/> Wrinkles/fine lines | <input type="checkbox"/> Dull/dry skin         | <input type="checkbox"/> Flaky skin          |
| <input type="checkbox"/> Dehydrated          | <input type="checkbox"/> Other _____           |  |

Eyes: ☐ dehydrated ☐ wrinkles ☐ puffiness ☐ dark circle ☐

Other: ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐

Lips: ☐ dehydrated ☐ cracked/chapped lips ☐ Other: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain)

If yes, please explain: \_\_\_\_\_

- |                                    |                                   |                                    |                                    |                                 |
|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Medicine | <input type="checkbox"/> Food      | <input type="checkbox"/> Animals   | <input type="checkbox"/> Iodine |
| <input type="checkbox"/> Pollen    | <input type="checkbox"/> AHAs     | <input type="checkbox"/> Fragrance | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Latex  |

Drugs Other \_\_\_\_\_

What SPF do you use on your face? \_\_\_\_\_ How often/when? \_\_\_\_\_

What SPF do you use on your body? \_\_\_\_\_ How often/when? \_\_\_\_\_

Have you had any recent tanning bed or sun exposure that changed the color of your skin? ☐ Yes ☐ No

specify: \_\_\_\_\_

Have you experienced Botox, Restylane or Collagen injections? ☐ Yes ☐ No

specify: \_\_\_\_\_



# PHOTO AND VIDEO RELEASE

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- educational presentations or courses
- informational presentations
- online educational courses
- educational videos
- promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# WAIVER CONSENT FORM

## ALLERGIC REACTIONS / SIDE EFFECTS

I, \_\_\_\_\_ am aware that LASH CHANCE BEAUTY, LLC is not liable for any allergic reaction and/or side effects I may develop during/after the service is performed, and there will be no refunds if an allergic reaction and/or side effect occurs..

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Name Printed

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Signature

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Date

# POLICIES AND FEES

## CANCELLATION AND NO SHOWS

Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 24 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at 631-449-3972.

**ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.**

## LATE ARRIVALS

We understand that sometimes being late is out of control but please keep in mind that showing up late will affect the time of your service. Our client's time is value and so is ours, we try our best to accommodate late arrivals by performing the most complete treatment possible in the time remaining. Unfortunately arriving too late to perform a service will result in cancellation and the associated cancelled fee.

We recognize the time of our clients and therapist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the potential business of other clients who could have scheduled an appointment for the same time.

## REFUNDS AND CLIENT'S SATISFACTION

Due to the nature of our service there are no refunds on any services. Please contact us within 72 hours of our service with any problems and/or concerns you have regarding your service. We feel that every client deserves the highest level of satisfaction. Should you not be satisfied please let us know immediately and we will discuss a solution.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

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Name Printed

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Signature

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Date