

CLIENT PROFILE

Legal Name: _____ DOB: _____ Gender: _____

Preferred Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ -- _____ Secondary Phone: (_____) _____ -- _____

E-mail Address (please print): _____

Who shall we thank for the referral? _____

In what services are you interested? Electrolysis Laser Hair Removal Electrodesiccation (blemish removal)

Aesthetic Nursing ((fillers & relaxers) Laser Rejuvenation Aesthetics IM Injections Permanent Makeup

Please Circle ALL "yes/no"

Would you like to receive our exclusive e-mail and text message promotions? (Please circle) YES NO

Medical Skin History

1. Do you have any permanent make-up or tattoos? **YES NO** Explain: _____
2. Have you recently prolonged sun exposure or artificial tanning within last four weeks (*all areas*)? **YES NO**
3. Are you currently using Retin-A/ Bleaching Agents? **YES NO** If yes, where was it applied? _____
4. Are you currently using or have you ever used Photosensitive medication such as Accutane? **YES NO**
If yes, explain _____
5. Have you ever had microdermabrasion or chemical peel? **YES NO** If yes, how long ago? _____
6. Have you recently had facial surgery or laser resurfacing? **YES NO** If yes, how long ago? _____
7. Do you smoke? **YES NO**
8. Do you get cold sores/fever blisters? **YES NO** If yes, last breakout? _____
9. Are you sensitive to alcohol-based products? **YES NO**
10. List any items you are allergic/sensitive to: _____
11. Are you taking any other medications/ supplements/vitamins at this time? **YES NO**
If yes, please list: _____
12. Do you have any medical conditions or autoimmune disorders? **YES NO**
If yes, explain _____
13. Upcoming medical procedures **YES NO**

Medical Hair History

Area(s) to be treated: _____

1. Are you pregnant? **YES NO** Are you lactating? **YES NO**
2. Are you in or past menopause? **YES NO**
3. Do other family members have excessive hair? **YES NO** Relationship _____
4. Please list previous/current methods of hair removal _____
How often are you using hair removal: _____ Last time you removed your unwanted hair _____
5. List previous laser/electrolysis treatments: First treat. date: _____ Last treat. date _____
Electrolysis modality: Thermolysis _____ Blend _____ Galvanic _____ Laser Type _____

Patient Signature: _____ Date: _____

Post Treatment Care

POST-TREATMENT INSTRUCTIONS - **Dermal Fillers**

- AVOID Aspirin, Motrin, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 3 days to 1 week before and after treatment.
- Discontinue Retin-A 1 week before and 1 week after treatment.
- AVOID heat, activity, sauna, alcohol, caffeine, Niacin supplement, high sodium foods, high sugar foods, refined carbohydrates (you may eat fruit), spicy foods, and cigarettes 24 hours after your treatment.
- AVOID vigorous exercise and sun and heat exposure for 3 days after treatment.
- Apply No makeup or lipstick until the next day; earlier use can cause pustules.
- DO NOT touch, press, rub, or manipulate the implanted areas for 12 hours after treatment. You can cause irritation, sores, and/or problems, and possible scarring if you do
- One side may heal faster than the other side.
- You must wait 2 weeks before retreating or correcting.
- ***Please report any redness, blisters, or itching immediately if they occur after collagen treatment.***
- Botox and filler results may vary from treatment to treatment. This is normal as the body is always changing.
- I certify that I have been counseled in post-treatment instructions and have been given written instructions
- as well.

PRE-TREATMENT INSTRUCTIONS - **BOTOX**

It is prudent to follow some simple guidelines before treatment by reducing some possible side effects associated with the injections; this can make all the difference between a fair result and a great result. We realize that this is not always possible; however, minimizing these risks is always desirable.

- **AVOID** alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood increasing the risk of bruising).
- **AVOID** activity, gum, and heat 24 hours prior to treatment.
- **AVOID** anti-inflammatory/blood thinning medications ideally for a period of 2 weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Ginko Biloba, St. John's Wart, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood-thinning medications and can increase the risk of bruising/swelling after injections.
- **Schedule** the Botox[®] appointment **at least 2 weeks prior to any special event** which may be occurring: i.e., wedding, vacation, etc.

POST-TREATMENT INSTRUCTIONS - **BOTOX**

- The guidelines to follow post treatment have been used for years and are still employed today to prevent the possible side effects of ptosis (eyelid droop). These measures should minimize the possibility of ptosis in almost 98% of the cases.
- No straining, heavy lifting, or vigorous exercise for 2-3 hours following treatment because we don't want to increase circulation to that area (this washes away the Botox[®] from where it was injected). It is now known that it takes the toxin approximately 3-6 hours to bind itself to the nerve to start its work. This waiting period continues to be recommended by most practitioners.
- You must remain upright for four hours following treatment.
- AVOID manipulation of the area for 6 hours following a treatment (for the same reasons listed above). This includes not doing a facial, a peel, or a microdermabrasion after treatment with Botox[®]. Any of these procedures can be done in the same appointment only if they are done before the Botox[®].
- Facial exercises in the injected areas are recommended for 1 hour following treatment (to stimulate the binding of the toxin only to this localized area).
- It can take 2-10 days to take full affect, and in some cases up to two weeks. It is recommended that the patient contact the office no later than 2 weeks after treatment if the desired effect was not achieved.
- Makeup can be applied before leaving the office. Retin-A, Glycolic Acid, Vitamin C, and Kinerase can be used; however, you must avoid the area treated with Botox[®] for 24 hours.
- I certify that I have been counseled in post-treatment instructions and have been given written instructions as well.

Patient Signature: _____ **Date:** _____