

General Information

First Name

Last Name

Home Phone

Cell Phone

Work Phone

Address

City

Postal Code

Occupation

E-mail

Is there anyone we can thank for your referral/how did you hear about us?

Date of Birth

Emergency Contact Information

First/Last Name

Phone

Relationship

Treatments That Interest You

(Check all that apply)

Anti-Aging/Firming, Lifting & Toning

Anti-Wrinkle/Fine Lines & Wrinkles

Acne Clarifying/Oily, Acne Prone Skin, Blackhead Reduction

Pigmentation Lightening/ Sun Spots, Enviro Damage, Discoloration

Body Contouring/Cellulite, Stretch Marks & Scarring

Vein & Capillary Reduction/Spider Veins, Broken Capillaries & Cherry Angioma

Hair Removal/Unwanted Hair Growth

Other/Dark Circles, Puffy Eyes, Psoriasis, Rosacea

Skin Information
(Check all that apply)

What best describes your facial skin?

- Dry
- Normal
- Oily
- Combination

Would you describe your skin as being sensitive?

- Yes
- No

What facial treatments have you experienced?

- Facials
- Cold Laser
- Peels
- Microdermabrasion
- IPL
- Hot Laser
- Micro-Current

Do you follow a home care regimen?

- Yes
- No

Products Used?

- Cleanser
- Toner
- Scrub
- Masque
- Creams
- Sunscreen
- Serum

Which of the following describes your skin?

- Always Burn/Never Tan
- Burn Seldom/Tan Well
- Always Burn/Tan Slightly
- Burns Rarely/Deep Tan
- Moderate Burn/Gradual Tan/Deeply Pigmented

Medical Information

Are you pregnant or planning to become pregnant during the course of the treatment?

- Yes
- No

Are you currently breast feeding?

- Yes
- No

Do you wear contact lenses?

- Yes
- No

Have you had laser eye surgery?

- Yes
- No

Have you had, or are you planning to have, facial surgery including Botox or other injections?

Yes

No

Do you have any allergies?

If yes, please specify:

Yes

No

Please check all that apply to your health currently or in the past:

Epilepsy

Endocrine/Glandular

Skin Lesions

Warts

Pace Maker

Liver/Hepatitis (A, B, or C)

Infections (Prolonged)

Metal Parts (Hip Sockets, etc.)

Cancer/Circulatory Problems

Scoliosis (Steel Rod)

High Blood Pressure

Asthma

Diabetes

Herpes Simplex

Eczema

Pregnant

Other:

Please indicate any medication you are currently taking or have taken in the past year:

Client Consent to Treatment

I consent to the treatments that I have requested, and I authorize my Medi Spa technician/Eden Cold Laser 2006 Inc. to use the equipment best suited for my treatments, including the Cold Laser, Microdermabrasion, Glycolic Peels and/or IPL.

I understand that the services offered are not a substitute for medical care, and any information provided by the technician/Eden Inc. is for educational purposes only and are not diagnostic in nature. The procedures are strictly cosmetic, and are thus, non-medical. I understand that the information herein is also to aid the therapist/Eden Inc. in giving better service and is completely confidential.

I understand that any treatments undertaken may involve healing time, and may also involve risks of complications or injury from both known and unknown causes and I freely assume these risks, and release the technician and Eden Inc. from any liability. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. I also understand that the technician/Eden Inc. reserves the right to refuse or discontinue treatment at his/her discretion. The nature and purpose of the treatments have been explained to me, and any questions have been answered to my satisfaction. I further agree to adhere to all safety precautions advised to me during the course of the treatments.

Should I be requesting hair removal treatments, I hereby give my consent and acknowledge that:

- I have realistic expectations of results: reduction of 80% of existing hair growth
- I understand that achieving expected results may require a series of treatments spanning one and a half years or longer in the case of hormonal disorders
- I understand that the human body grows, on average, 15% new hair in a period of six months to one year, thus treatment sessions may need to last 18 months in order to cover new growth cycles

- I understand that light colored or feathery hair or very deep hair may not respond to the treatment
- I understand that hair growth depends on a variety of factors; therefore, results may vary from one individual to next, and vary from one treatment area to another
- I understand that maintenance treatments may be required from time to time
- I understand that sun exposure should be minimized post treatment
- I understand that my skin may appear red for a short time post treatment, and should this redness not dissipate within a short time to contact my Eden technician.

I certify that I am an adult over the age of 18. If I am a minor (18 or under), I understand that consent from my parent or guardian will be required prior to treatment.

I acknowledge the following Eden policies:

- 48 hours cancellation notice is required for all treatments
- Eden reserves the right to charge my credit card for 50% of the missed service fee, should sufficient notice not be provided
- Late arrival to my appointment may result in the corresponding reduction in treatment time so as not to inconvenience other Eden clients.

Client Signature:

Date: