



Client Intake Form- Microdermabrasion

Name	Date	
Address		
City	State	Zip
Home number	Date of Birth	
E-mail		

What is Microdermabrasion?

Microdermabrasion uses an adjustable applicator head that removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis levels in a safe controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance. Microdermabrasion has been used to treat aging and sun-damaged skin, some types of acne and acne scarring, altered pigmentation, fine lines and wrinkles, and stretch marks. Results may include improved skin tone, fewer breakouts, diminished appearance of scars, even skin color, refined skin pores, renewed elasticity, and a healthy glow.

As your esthetician, I take every precaution to ensure that your skin is well hydrated and calm prior to leaving each session. However, you may experience excessive dryness or even some peeling between sessions, which may or may not be normal. Always check with me if you have any concerns after the treatment. More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. **After your treatment, sunblock must be worn at all times and keep the skin well hydrated.** You are making an investment in your face: therefore, it is to your benefit to continue to protect it long after your series is completed.

Contraindications

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for microdermabrasion treatment and must be disclosed prior to treatment.

- Active infection of any type, such as Herpes simplex virus or flat warts.
- Active acne
- Sunburn
- Recent use of topical agents such as glycolic acids, alphahydroxy acids and Retin-A
- Uncontrolled diabetes
- Eczema, dermatitis
- Skin cancer
- Vascular lesions
- Oral blood thinner medications
- Rosacea
- Pregnancy
- Use of Acutane within the last year
- Family history of hypertrophic scarring or keloid formation
- Telangiectasia/erythema may be worsened or brought out by skin exfoliation

I have read the above information. If I have any questions or concerns, I will address these with my skin therapist. I give permission to my therapist to perform the microdermabrasion procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I understand she will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have given an accurate account of any over the counter or prescription medications that I use regularly and I am not presently using isotretinoin (Accutane). I have not had any facial surgical procedures or other chemical peels or skin treatments that I have not disclosed to my therapist. I am not ingesting or using topically any other over the counter product or prescription medication/agent that has not been disclosed to my therapist. I am not presently pregnant or lactating and I am over the age of eighteen (18). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recently waxed or used a depilatory (such as Nair) on the area to be treated. I do not have a history of keloidal scarring, excessive telangiectasia, rosacea, bacterial skin infections, fungal infections, viral infections, open lesions or rashes, active acne, any auto immune disease, or any other existing condition that may interfere with the positive outcome of this treatment. I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my therapist. My expectations are realistic and I understand that the results are not guaranteed. I agree that I am willing to follow recommendations by my esthetician for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my esthetician and I acknowledge that I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my therapist immediately. I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client Signature:

Date:
