



KATIE HARTMAN

LFT, LMT

Licensed Esthetician

Client Intake Form- Microcurrent

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ I understand that the following health conditions are contraindications, and an alternative treatment must be discussed. By initialing, I am informing my esthetician that I do NOT have any of these health conditions below:

- |                  |                      |                      |                        |
|------------------|----------------------|----------------------|------------------------|
| <i>Cancer</i>    | <i>Epilepsy</i>      | <i>Seizures</i>      | <i>Pacemaker</i>       |
| <i>Pregnancy</i> | <i>Thrombosis</i>    | <i>Phlebitis</i>     | <i>Lupus</i>           |
| <i>Diabetes</i>  | <i>Active Herpes</i> | <i>HIV/Hepatitis</i> | <i>Heart Condition</i> |

\_\_\_\_\_ I understand that I need to wait two weeks after having any injectables (*botox, restylane, etc*) before receiving a Microcurrent treatment.

\_\_\_\_\_ I understand that there is no downtime with this treatment.

\_\_\_\_\_ I understand that I can have treatments as often as once a week to biweekly.

\_\_\_\_\_ I understand that results with Microcurrent are cumulative, so a series of is best for optimal results.

\_\_\_\_\_ I understand that after a series is complete, a maintenance every six months is recommended.

\_\_\_\_\_ I understand that I will have better results if I'm hydrated and/or drink ionized water (*smartwater*) before and after my Microcurrent treatment

I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the Microcurrent procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. 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. I understand the procedure and accept the risks. I do not hold the skin care specialist, Katie Hartman responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

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