



3816 Buckingham Loop dr.
Valrico, FL 33594

(786) 370-2044
AnaMaria@SmoothEpilator.com

Contraindications to Electrolysis & Skincare

You must disclose to the treatment professional if you have or suffer from any of the contraindications indicated below:

DEFINITIVE CONTRAINDICATIONS

1. Blood Thinning Medication
2. Cochlear Implants
3. Dermographia
4. Hemophilia, prolonged bleeding
5. Keloid Scarring
6. Pacemaker
7. Pregnancy
8. Recent Scar Tissue, Hemorrhage
9. Rosacea (active)
10. Skin Diseases / Disorders, Cold sores, Herpes
11. Solar erythema or burn (in treatment area)
12. Epilepsy
13. Use of an antibiotic, retinoids, any acne medications such as Accutane/
Isotretinoin, Adapalene, Retin A, Avage, Avita, Differin, Renova
14. Cancer
15. Multiple sclerosis
16. Hypo and hypertension
17. Viruses such as cold, cold sores, warts
18. Bacterial infections such as impetigo, boils, conjunctivitis, styes \
19. Fungal infections such as ringworm, blepharitis
20. Undiagnosed lumps or swelling, broken bones
21. Known sensitivity or allergy to products
22. Bleeding, tooth abscess, broken jaw or other facial bone
23. Head lice
24. Recently consumed alcohol or are under the influence of drugs
25. Unstable blood pressure
26. Recent head injury, recent neck injury
27. Fever
28. Contagious disease
29. Severe acne
30. Infection or dermatitis
31. Hair in an infection, hair inside the nose, ears or moles, ingrown eyelash
32. Herpes



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RESTRICTIVE CONTRAINDICATIONS

1. Asthma/Respiratory Disorders \
2. Auditory Devices apart from Cochlear implants \
3. Circulatory Problems i.e. Phlebitis/Thrombosis (in treatment area)
4. Dermabrasion (medical) within 6-12 months (in treatment area)
5. Micro Dermabrasion within 4-6 weeks (in treatment area)
6. Diabetes with GP permission
7. 'General medication'
8. Heart Conditions with GP permission
9. Hepatitis/Aids/HIV with GP permission – as may be immunosuppressed
10. High Blood Pressure with GP permission.
11. Laser/IPL (recent treatment in area to be treated)
12. Local Bruising/Swelling
13. Loss of Tactile Sensation (in treatment area)
14. Lupus – GP permission
15. Minors
16. Metal plates/pins for galvanic & blend techniques – if on/near DC return path
17. Skin Diseases/Disorders, Eczema, Dermatitis, Psoriasis
18. Skin tags, Broken capillaries / veins
19. Steroids
20. Swelling/Edema
21. Tattoo (in treatment area)
22. Pigment disorders or ethnic skin colouration

SIGNATURE: _____

FULL NAME: _____

DATE: ____ / ____ / ____