

DERMAPLANING CLIENT INFORMATION FORM

APPOINTMENT DATE

APPOINTMENT TIME

CLIENT INFORMATION (please print)

FULL NAME

ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PHONE

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YYYY)

CURRENT AGE

Have you ever received dermaplaning before? yes no

If yes, when was your last treatment? _____

What are your primary skin care goals or concerns?

What products do you currently use for your skincare?
Please specify brand. Your skin care products will be reviewed so that we may recommend any additional products or changes to your regimen to enhance your desired outcome.



EMAIL / NEWSLETTER

Occasionally we may send out emails or newsletters about upcoming discounts, promotions, contests, company information etc. If you would like to be added to the subscriber list please check "Yes" below. If you would like to opt out please check "No".

YES! Sign me up!

No, thank you.

We will use your e-mail address solely to provide information about our company. Your information will not be sold.



CLIENT INFORMATION *Continued*

Please read the following statements carefully. Dermaplaning, also known as skin blading or leveling, is a form of manual exfoliation similar in theory to microdermabrasion but without the use of suction or abrasive crystals. An esthetician grade, sterile blade is stroked along the skin at an angle to gently shave dead skin cells from the epidermis. Dermaplaning also temporarily removes the fine vellus hair, also known as “peach fuzz”, on the face, leaving a very smooth surface. Following this treatment, makeup application is smoother and other skin products penetrate deeper making them more effective.

The procedure removes around two to three weeks' worth of dead skin cells, meaning that your results should last around a month. After this time, you will need to book another appointment to maintain the results. It is generally recommended that you receive 4-5 treatments in order to see optimal results.

Your skin may be sensitive for three-to-five days after a dermaplaning treatment. During this time, you should not exfoliate, apply retinol or expose your skin to sun.

_____ I fully understand the information provided above, and have discussed any questions or concerns I may have about the treatment with my spa technician.

SPECIAL PRECAUTIONS

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for dermaplaning treatments and must be disclosed prior to treatment. Check all that may apply to you:

- | | |
|--|---|
| <input type="radio"/> Use of Glycolic acids | <input type="radio"/> Active acne |
| <input type="radio"/> Use of Alpha-hydroxy acids | <input type="radio"/> Active infection of any type (i.e. herpes, warts) |
| <input type="radio"/> Rosacea | <input type="radio"/> Any raised lesions |
| <input type="radio"/> Scleroderma | <input type="radio"/> Any recent chemical peel procedures |
| <input type="radio"/> Skin cancer | <input type="radio"/> Chemotherapy or radiation |
| <input type="radio"/> Sunburn | <input type="radio"/> Eczema or Dermatitis |
| <input type="radio"/> Tattoos | <input type="radio"/> Moles |
| <input type="radio"/> Thick, dark facial hair | <input type="radio"/> Oral blood thinner medications |
| <input type="radio"/> Uncontrolled diabetes | <input type="radio"/> Pregnancy |
| <input type="radio"/> Use of Accutane within the last year | <input type="radio"/> Bleeding Disorder |
| <input type="radio"/> Vascular lesions | <input type="radio"/> Hemophilia Hormonal therapy that produces thick pigmentation |
| <input type="radio"/> Use of Retin-A | <input type="radio"/> Telangiectasia/erythema (may be worsened or brought out by exfoliation) |

Is there any additional information about your skin or health that we should know before starting your treatment? _____

INFORMED CONSENT FOR DERMAPLANING

I UNDERSTAND THE FOLLOWING COMPLETELY: (PLEASE INITIAL EACH STATEMENT)

- _____ Dermaplaning is the process of removing superficial layers of dead skin cells and vellus hair on the skin's surface via the use of a sterile blade. The blade is held at a 45 degree angle similar to shaving.
- _____ Due to contours of the face, certain areas (such as eyelids and nose) may not be treatable using this method.
- _____ Dermaplaning may cause minor superficial abrasions which may not appear until a day or two following the treatment.
- _____ I understand that the treatment may involve the risk of complication or injury, and I freely assume those risks. Anytime the skin barrier is broken, there is a small risk of bacterial or viral infection.
- _____ Dermaplaning may cause redness, irritation, dryness, or peeling between sessions, which may or may not be normal.
- _____ Clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, the outcome cannot be guaranteed as maximum results are dependent on age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols.
- _____ Vellus hair is expected to grow back blunt-ended. New hair will not appear darker or denser. I understand that any hormonal imbalance that may be present within my anatomical system can alter normal hair growth pattern.
- _____ All facial injections should be avoided 10 days before this treatment.
- _____ I am not using Retin A®, or other retinol derivatives, products containing Alpha Hydroxy Acids (AHA) or Beta Hydroxy Acids (BHA) and have been off these products at least 3 days prior to treatment. I agree to avoid the use of these products and all forms of scrubs for at least 24 hours after a treatment.
- _____ I have been advised not to exercise after my treatment. Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided.
- _____ SPF 30+ must be applied daily to the treated area for a minimum of two weeks. Twice daily cleanse the treated area with a post-treatment cleanser, followed by a moisturizing cream, and then with SPF 30+ sunscreen.
- _____ The nature and purpose of this treatment has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction. I give permission to my cosmetic professional to perform the service of dermaplaning and all steps involved.
- _____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken, and special precautions related to dermaplaning.
- _____ I release _____ of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client Name (please print)

Client Signature

Day/Month/Year

Cosmetic Professional

