

TECHNICAL DATA SHEET FOR FACIAL LIFTING TREATMENT

DATE

D M Y

Sheet #

CLIENT INFORMATION

CUSTOMER NAME:

I.D. #

AGE:

SEX:

DATE OF BIRTH:

D

M

Y

OCUPATION:

PHONE NUMBER:

E-MAIL:

IN CASE OF EMERGENCY CALL:

PHONE:

Reason for consultation:

MEDICAL HISTORY / BACKGROUND

MEDICAL CONDITIONS:

If the history referred to is a contraindication (see appendix: contraindications), the treatment may NOT be performed, however if the history has been overcome, the contraindication will be considered relative, and it is the treating physician who will authorize the aesthetic treatment.

HABITS AND LIFESTYLE

FOOD	LOW	MEDIUM	HIGH	FOOD	LOW	MEDIUM	HIGH
Bread, Grains and Starch				Dairy			
Fruits and Vegetables				Fats			
Proteins				Sweets			
Other:							
Do you drink water? YES <input type="checkbox"/> NO <input type="checkbox"/> How many times a day?							
Do you smoke? YES <input type="checkbox"/> NO <input type="checkbox"/> How many times a day?							
Alcohol consumption			HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>		
Energy drinks consumption			HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>		
Coffee consumption			HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>		
How much sleep do you get?							
Do you practice any sport?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which one?		
Based on the above information, it is recommended that the client change his/her diet and lifestyle to ensure that the treatment responds optimally.							
<hr/>							
<hr/>							

FACIAL RECORD

FACIAL ALTERATIONS	AREA OF INVOLVEMENT
COLOR	
DISCROMIES	
OPEN PORES	
WRINKLES	
FLACIDITY	
SKIN TYPE	DRY <input type="checkbox"/> FAT <input type="checkbox"/> MIXED <input type="checkbox"/>
SURGICAL PROCEDURES	
INVASIVE REJUVENATION	

AESTHETIC DIAGNOSIS

RECOMMENDATIONS:

Consume antioxidant foods, those rich in vitamin C and E, fresh vegetables, vegetable milks and oils, whole grains and fish, apply at home reaffirming and natural cosmetics (Example: oatmeal masks, yogurt and honey); at the end of the treatment do a monthly maintenance session.

AUTHORIZATION TO TAKE PHOTOGRAPHS

I consent to have photographs taken of me, to be used as support during my treatment.

YES ☐ NO ☐

OBSERVATIONS FROM THE PHOTOGRAPHIC RECORD AT THE BEGINNING OF TREATMENT:

OBSERVATIONS OF THE PHOTOGRAPHIC RECORD AT THE END OF THE TREATMENT:

Client's Signature: _____

AGREEMENT AND CONSENT FOR FACIAL LIFTING TREATMENT

I hereby authorize, and give my consent to: (esthetician name) _____
_____ to perform to me (client)
_____ ID No. _____, a FACIAL LIFTING
TREATMENT. I acknowledge that this treatment has been thoroughly explained to me, its nature,
purpose, advantages, disadvantages, discomforts and complications that may arise; and I have
had the opportunity to ask questions and all my doubts have been resolved to my satisfaction and
I have no further doubts.

I hereby consent to be photographed for the purposes of the application of this Facial treatment
and understand that these photographs will become the property of the establishment.

If I am allergic to any cosmetics, please state which _____; otherwise, I
give permission to have the necessary Cosmetic products of this treatment applied to me,

The equipment or accessories to be used are: _____

I acknowledge that I have been informed of their use, indications and contraindications, and I give
my consent to their use in the treatment.

My signature confirms that I have fully and honestly answered all the questions I have been asked
and I agree to be informed and agree with the treatment to be performed, knowing beforehand
that the results of the treatment are composed of the application of the protocol, complemented
with the self-care at home with healthy eating habits and moderate exercise.

My signature certifies that I have read, understood what is described here and that I agree with it.

ID.

CLIENT Signature

ID.

PRACTITIONER Signature

TREATMENT FOLLOW-UP

SESSIONS	DATE	PROCEDURE	SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			