



Hydrafacial Intake Form

Have you ever had a facial?_YES / NO Have you ever had a HydraFacial? YES / NO

Allergies:_____ Medications:_____

If you have any of the following please check:

- () Seizures/Epilepsy () Hi/low blood pressure () Cancer () Heart disease
- () Hypertension () Skin infection () Internal infection () Herpes
- () Neck/Back injuries () Vascular () Implants/Pacemaker () Diabetes
- () Recent surgeries () HIV () Liver/Kidney disease

Are you presently using any of the following:

- Retin A/Renova Y/N
- Glycolic Acid/Alpha Hydroxy Acid Y/N
- Accutane Y/N
- Vitamin C Y/N

Have you recently undergone any of the following?

- Peels Y/N
- Facial Injections Y/N
- Microblading Y/N
- Advanced Treatments Y/N If yes please explain:_____

I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment or diagnosis, but rather a form of health maintenance. I certify that the above statements are accurate and I have no other health impairments to body work. I hereby release Thrive Med Spa + Wellness Therapists from any liability.

Signature

_____ Date _____



Do you have any of the following? (Please circle)*

Acne or infection YES / NO

Open Lesion or cold sore YES / NO

An active infection in the treatment area YES / NO

Active Sunburn YES / NO

Skin conditions such as eczema, dermatitis or rashes YES / NO

An autoimmune disease such as lupus YES / NO

A viral concern such as HIV or hepatitis YES / NO

Anticoagulants Therapy YES / NO

Melanoma or lesions suspected of malignancy YES / NO

Pregnancy or lactation YES / NO

Neurological disorders such as epilepsy (LED lights) YES / NO

Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) YES / NO

Crohn's Disease (Lymphatic drainage) YES / NO

Hyperthyroidism (Lymphatic drainage) YES / NO

Deep Venous Thrombosis (Lymphatic drainage) YES / NO

Lymphedema (Lymphatic drainage) YES / NO

Have you recently?

Used Accutane, topical medications or antibiotics YES / NO

Had aesthetic fillers, injectables or laser treatments YES / NO

I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing and products containing glycolic acids or retinols that are not part of the recommended take home regimen in the treated areas for a minimum of two weeks pre and post-treatment.
- Photos may be taken before, during and after the HydraFacial treatment. Photos will be used with my written approval for education, promotion and advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and give my consent to have the HydraFacial treatment by the staff at Thrive Med Spa + Wellness.
- By signing below I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Print name: _____

Signature: _____



Date: _____