

# DERMAPLANING CONSENT FORM

The majority of my clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, this outcome cannot be guaranteed as maximum results are highly dependent on age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols.

Be aware that many changes may occur deeper within the skin over time. To continue the maintenance of your skin after you complete your treatment(s), I may inform you of long-term age management programs.

**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="checkbox"/> Active Acne                                       | <input type="checkbox"/> Scleroderma  |
| <input type="checkbox"/> Active Infection of any kind                      | <input type="checkbox"/> Skin cancer  |
| <input type="checkbox"/> Any raised lesions                                | <input type="checkbox"/> Sunburn  |
| <input type="checkbox"/> Any recent chemical peel procedures               | <input type="checkbox"/> Tattoos  |
| <input type="checkbox"/> Chemotherapy or Radiation                         | <input type="checkbox"/> Thick, dark facial hair                                |
| <input type="checkbox"/> Eczema or Dermatitis                              | <input type="checkbox"/> Uncontrolled diabetes                                  |
| <input type="checkbox"/> Moles   | <input type="checkbox"/> Use of Accutane within the last year                   |
| <input type="checkbox"/> Oral blood thinner medications                    | <input type="checkbox"/> Use of Glycolic acids, Alpha-hydroxy acids and Retin-A |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Vascular Lesions                                       |
| <input type="checkbox"/> Hemophilia  |   |
| <input type="checkbox"/> Hormonal therapy that produces thick pigmentation |   |

## Post-Treatment/Home Care

Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure or tanning beds). Although SPF 30+ should already be a part of your daily skin care, after dermaplaning, 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 serum or treatment cream and follow with SPF 30+ sunscreen.

## Recommended Products:

If you have additional questions or concerns regarding your treatment or suggested home regimen, you will consult your esthetician immediately.

I agree that all of the above information is true and accurate to the best of my knowledge, I have recorded all my known medical history accurately with all pertinent information. For all future services, I will inform my spa technician of any changes in my medical status and/or any changes in the above information.

This agreement releases my spa technician and their business from all liability relating to injuries that may occur during or after my dermaplaning procedure. By signing this agreement, I agree to hold my spa technician and their business entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in the dermaplaning procedure. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of injuries during my dermaplaning procedure.

By signing below I forfeit all right to bring a suit against my spa technician and their business for any reason. In return, I will receive the dermaplaning procedure. I will also make every effort to follow all aftercare instructions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Esthetician: \_\_\_\_\_ Date: \_\_\_\_\_