



Date: _____

Name: _____

Address: _____

Telephone: _____

E-mail (Confidential) _____

Birthday: _____

Occupation: _____

Referred by: _____

Pregnant: _____

Allergy: _____

Diabetes: _____

High Blood Pressure: _____

Do you use:
Accutane: _____

Retine A: _____

Renova: _____

Alpha Hydroxy: _____

Do you see a Dermatologist
on a regular basis: _____

Do you use sun screen: _____

What are your concerns about your skin: _____

CONSENT FOR TREATMENT

I herein by voluntarily consent to my skin treatment at this salon, and authorize such treatment/ procedure (Glycolic acid peel, Paraffin mask, Waxing, etc.) as recommended by my Esthetician. I have read this consent, I am aware of its content, and I fully understand the same.

Signature: _____



Informed Consent Form

Name: _____

I understand that the eMax is a device used for hair removal, skin rejuvenation, acne treatment, skin tightening, wrinkle reduction and vascular lesions treatment, of which I am consenting to be a patient receiving _____ treatment.

I understand that clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me. _____

I understand that treatment by eMax involves a series of treatments and the fee structure has been fully explained to me. _____

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical conditions, disease or medications taken.

I consent to the taking of photographs and authorize their anonymous use for the purposed of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I duly authorize Spa Fiori to perform eMax treatment.

Patient Signature: _____

Date: _____

Witness: _____

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Genetic Disposition

Score	0	1	2	3	4
What is the colour of your eyes?	Light blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black
What is the natural colour of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the colour of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Skin Type Score - Fitzpatrick Skin Type

0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

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Medical History			
Pacemaker / defibrillator		Active skin infection (e.g. psoriasis, eczema)	
Metal implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or history of skin cancer/ other cancer / pre-malignant moles		History of bleeding disorders	
Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Facial laser resurfacing / deep chemical peeling, last 3 m	
Impaired immune system		Needle epilation, waxing or tweezing, last 6 w	
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent makeup	
Diseases stimulated by heat (e.g. Herpes Simplex)		Tanned skin	
Endocrine disorders (e.g. diabetes, PCO)		Sapheneous Insufficiency	
List any medications taken			
List any allergies			
Detail any medical condition			
Other considerations			

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eMax Treatment Record

PATIENT NAME:

TREATMENT: DS / DSL / SR / SRA / AC / ST / WRA / LV / LVA

SKIN TYPE: I II III IV V VI

Date	Tx area	Optical fluence	RF fluence	Pulse type	ISL %	Notes (chart # of segmental passes and where)
				S/L		
				S/L		
				S/L		
				S/L		
				S/L		
				S/L		
				S/L		
				S/L		
				S/L		

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