

Hydropeptide Consultation Form

Surname: _____

Personal Information:

Date		Technician:
Full Name		
Address		
Email		
Tel Number		Mobile Number:
Age	D.O.B	Sex:
Do you Smoke or live with a smoker?		How often:
Occupation		

Medical History:

Do you currently have or have you ever been treated for:

- Acne Diabetes High Blood Pressure Cancer
 Cold sores Skin Disease Depression Rocasea (redness)

Have you used any of these in the past 72 hours?

- Retin-A Benzoyl Peroxide Facial Waxing OTC Acne Treatments
 Retinol Chemical Peel

Have you used Accutane within the past year Yes No

List any recent resurfacing procedures (including microdermabrasion) or surgeries (including cosmetic) _____

List all Medications you are taking _____

List all known allergies _____

List all health concerns _____

Are you pregnant or nursing? Yes No

Are you allergic to aspirin? Yes No

Skin Care Information

Do you wear sunscreen? Yes No

How do you feel about the quality of your skin? _____

What improvements would you like to see in your skin? _____

Please list any vitamins or supplements you may be taking? _____

How often do you exercise? Describe: _____

How much water do you drink daily? _____

When was your last sunburn? _____

Do you burn in the sun? _____

What is your skin type? _____

What is your primary skin concern? _____

What is your current skin care routine? Please list product names and regime _____

Client Consent:

Prior to receiving treatment, I have been candid in revealing any condition that may be a contraindication to this treatment, such as: pregnancy or lactating, (if so, consult your physician prior to treatment and avoid the hHydroPeptide pumpkin peel). Recent facial surgery, allergies, tendency to cold sores/fever blisters, use of topical and/or prescription medications such as: Tretinoin, Retin-A, Isotretinoin, Accutane, Differin, Tazorac, Avage, EpiDuo or Ziana.

- I understand that there may be some slight tingling or pinpricking sensation.
- I understand there are no guarantees as to the results of this treatment, due to many variables such as: age, condition of skin, sun daage, smoking, climate etc
- I understand that I may not actually peel and that such cases depend on the individual. I understand that the absence of peeling does not correlate to the amount of improvement.
- I understand that this is a cosmetic treatment and that no medical claims are expressed or implied.
- I understand that to achieve maximum results I may need several treatments and regular use of HydroPeptide products at home.
- I understand, though complications are rare, sometimes they may occur. In the event of any complication I will immediately contact the clinician who performed the treatment.
- I understand that extended direct sun exposure is prohibited while I am undergoing treatments, and the daily use of sunscreen with a minimum spf30 is mandatory.
- I understand that I should follow my clinicians recommendations for post procedure skin care to minimize side effects and to maximise results.

I hereby agree to all of the above and to have this treatment performed on me.

Signature: _____ Date: _____

Clinician: _____

