



3151 Airway Ave, Suite U3
Costa Mesa, CA 92626

Client Consultation

Date: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____
Single: No Yes Married: No Yes If yes, anniversary date: _____
Employer: _____ Occupation: _____
Does your job require you to work outdoors? No Yes
Referred by: _____
What would you like to achieve from your treatment today? _____

Your Skin Care

- 1) Have you ever had a facial treatment before? No Yes, when? _____
- 2) Have you ever had a body spa treatment before? No Yes, when? _____
 - Massage: No Yes
 - Salt glow: No Yes
 - Seaweed wrap: No Yes
 - Moor mud: No Yes
 - Body scrub: No Yes
 - Other: _____
- 3) Which of the following best describes your skin type? (please circle one type number)
 - a. Creamy complexion Always burns easily, never tans
 - b. Light complexion Always burns, tans slightly
 - c. Light/Matte complexion Burns moderately, tans gradually
 - d. Matte complexion Seldom burns, always tans well
 - e. Brown complexion Rarely burns, deep tan
 - f. Dark brown complexion Rarely burns, deeply pigmented
- 4) Do you have any special skin problems or concerns pertaining to your face or body? No Yes
- 5) Have you ever had chemical peels, laser or microdermabrasion? No Yes
In the last month? No Yes
- 6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products?
 No Yes Describe: _____

- 7) Have you used any of these products in the last 3 months? No Yes
- 8) Have you used an acne medication? No Yes, when? _____ Which drug? _____
- 9) What skin care products are you currently using? (List brand where known)

Soap _____	Shower Gels _____
Toner _____	Body Lotions _____
Mask _____	Sunscreen _____
Eye Product _____	SPF _____
Cleanser _____	Night Moisturizer/Cream _____
Day Moisturizer _____	Other _____
Exfoliator _____	Makeup Products _____
Scrubs _____	_____

- 10) Have you recently used any self-tanning lotions, creams or treatments? No Yes
Specify: _____

- 11) Have you ever used any of the following hair removal methods in the past six weeks? No Yes, circle all that apply

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

- 12) What areas of concern do you have regarding your (Please check any that apply and explain):

Skin:

Breakouts/acne	<input type="checkbox"/>	Uneven skin tone	<input type="checkbox"/>
Blackheads/whiteheads	<input type="checkbox"/>	Sun damage	<input type="checkbox"/>
Excessive oil/shine	<input type="checkbox"/>	Wrinkles/fine lines	<input type="checkbox"/>
Rosacea	<input type="checkbox"/>	Dull/dry skin	<input type="checkbox"/>
Broken capillaries	<input type="checkbox"/>	Flaky skin	<input type="checkbox"/>
Redness/ruddiness	<input type="checkbox"/>	Dehydrated	<input type="checkbox"/>
Sun spot/liver spot/brown spot	<input type="checkbox"/>	Other _____	

Eyes:

Dehydrated Wrinkles Puffiness Dark circles Other: _____

Lips:

Dehydrated Cracked/chapped lips Other: _____

- 13) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) If yes, please explain: _____

Cosmetics	<input type="checkbox"/>	AHAs	<input type="checkbox"/>
Medicine	<input type="checkbox"/>	Fragrance	<input type="checkbox"/>
Food	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Latex	<input type="checkbox"/>
Sunscreens	<input type="checkbox"/>	Drugs	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	Other _____	
Pollen	<input type="checkbox"/>		

- 14) What SPF do you use on your face? _____ How often/when? _____
- 15) What SPF do you use on your body? _____ How often/when? _____
- 16) Have you had any recent tanning bed or sun exposure that changed the color of your skin?
 No Yes Specify: _____
- 17) Have you experienced Botox, Restylane or Collagen injections? No Yes Specify: _____
- _____

Female Clients Only:

- 18) Are you taking oral contraceptives? No Yes Specify: _____
- 19) Any recent changes to or from your contraceptive treatment? No Yes
If so, what and when: _____
- 20) Are you pregnant or trying to become pregnant? No Yes
- 21) Are you lactating? No Yes
- 22) Any menopause problems? No Yes Specify: _____
- 23) Are you undergoing any hormone replacement therapy? No Yes Specify: _____
- _____

Male Clients Only:

- 24) What is your current shaving system? Wet Shave Electric
- 25) Do you experience irritation from shaving? No Yes Ingrown hairs? No Yes

Please use this space to complete answers where space was insufficient (please include the number of the question).

Future Appointments/Contact:

- May I call you on your cell phone number to confirm future appointments? No Yes
- May I contact you via mail/email about future promotions and news? No Yes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____

Microdermabrasion Information Sheet



What is microdermabrasion?

Microdermabrasion uses an adjustable applicator head that removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis levels in a safe, controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance.

Microdermabrasion has been used to treat aging and sun-damaged skin, some types of acne and acne scarring, altered pigmentation, fine lines and wrinkles, and stretch marks. Results may include improved skin tone, fewer breakouts, diminished appearance of scars, even skin color, refined skin pores, renewed elasticity, and a healthy glow.

Client Initials

What should you expect during your treatment?

Prior to your first microdermabrasion, as your esthetician, I will perform a thorough skin analysis. If microdermabrasion is not appropriate, you are informed during this session and an alternative treatment may be recommended instead. If microdermabrasion is for you, maximum results are obtained by participating in a series of treatments plus following a home care regimen. To further enhance your outcome, I require that you use products specifically directed toward obtaining correction. Your current daily regimen and skin care products used will be reviewed, you will be instructed which products you should continue to use, and you will be advised on any recommended additions to your regimen. I recommend keeping regular appointments and carefully following your home care regimen to support your results.

As your esthetician, I take every precaution to ensure that your skin is well hydrated and calm prior to leaving each session. However, you may experience excessive dryness or even some peeling between sessions, which may or may not be normal. Always check with me if you have any concerns after the treatment. More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours.

After your treatment, sunblock must be worn at all times and tanning beds should never be used. You are making an investment in your face: therefore, it is to your benefit to continue to protect it long after your series is completed.

Client Initials

Is satisfaction guaranteed?

The majority of my clients receive satisfactory to above average results with a series of treatments. Maximum results are highly dependent on your age, cumulative sun exposure, health, menopause, lifestyle, genetic traits, general skin condition, and your willingness to follow recommended protocols.

Be aware that many changes may occur deeper within the skin over time. I find that when participating in a series of treatments, along with a commitment to your daily skin care regimen, noticeable differences may indeed be the outcome. You may see a reduction of fine lines and a softening of deeper wrinkles, reduction of discoloration, softening and possible reduction in scars, and an overall improvement to the skin's tone and appearance. To continue the maintenance of your skin after you complete your treatment(s), I may inform you of long-term age management programs.

Client Initials

Contraindications

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for microdermabrasion treatment and must be disclosed prior to treatment:

- Active infection of any type, such as Herpes simplex virus or flat warts
- Active acne
- Sunburn
- Recent use of topical agents such as glycolic acids, alphahydroxy acids and Retin-A
- Any recent chemical peel procedure
- Uncontrolled diabetes
- Eczema, dermatitis
- Skin cancer
- Vascular lesions
- Oral blood thinner medications
- Rosacea
- Tattoos (not effective)
- Pregnancy
- Use of Acutane within the last year
- Family history of hypertrophic scarring or keloid formation
- Telangiectasia/erythema may be worsened or brought out by skin exfoliation

Client Initials

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 and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater. Although sunscreen should be a part of your daily skin care, for a minimum of two weeks, a sunscreen with at least a SPF of 15 must be applied.

Cleanse your face with water or a mild soap substitute such as _____ twice daily followed by a mild sunscreen such as _____ (minimum SPF 30). If a site other than the face is treated, you only need to cleanse once daily, followed by sunscreen.

In the event that you may have additional questions or concerns regarding your treatment or suggested home product/post-treatment care, you must consult your therapist immediately.

Client Initials

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____

Informed Consent: Microcurrent

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your microcurrent treatment, please be aware of the following information and possible risks. Please initial:

- _____ I understand there are certain contraindications that would preclude me from receiving microcurrent treatments, including autoimmune disorders, diabetes, embolism, epilepsy, melanoma, metal implants including plates/pins/screws, open wounds, pacemaker use, phlebitis, pregnancy, thrombosis, and varicose veins.
- _____ I understand that the use of Botox, Jevoderm, Restylane, and any other injectable must be disclosed prior to treatment.
- _____ I understand that microcurrent treatments involve conducting mild electrical currents through the body, and that this brings some inherent risk.
- _____ I understand that the reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.
- _____ I understand that some clients report slight tingling sensations, flashing of the optic nerve, and/or a metallic taste in the mouth during the procedure.
- _____ I understand that while the goal of this treatment is to improve the vitality of the skin, no specific guarantees of the result can or have been made.
- _____ I understand that it is imperative to my health that I disclose all of the information requested in the Client Profile/Health History.
- _____ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.
- _____ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure
- _____ I consent to “before and after” photographs for the purpose of documentation, potential advertising, and promotional purposes.

I understand that if I have any concerns, I will address these with my skincare specialist. I give permission to my skin care specialist to perform the microcurrent procedure we have discussed and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skincare specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skincare specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____

Client Consent Form

I hereby consent to and authorize _____ to perform the following procedure:
(Esthetician)

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved, by _____.
(Esthetician)

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I understand that if I miss or cancel an appointment without a 24 hour notice, I will be charged half the appointment fee for all missed treatments.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____



Client Disclaimer

Client Name _____

Phone Number _____

Address _____

Email _____

Disclosure and Waiver:

Are you allergic to any of the following ingredients? YES NO

Ingredients: Water, Arnica, Mate, Meioranda, shave grass, lemon tea, Zen leaves, eucalyptus, rosemary, lavender, horehound, chamomile, hibiscus, cats claw, cauchalalate, green tea, cacao, pure coffee, witch hazel, Sweet Almond Oil, Vitamin E, glycerin, rose water, germall liquid

Are you currently taking any medication? YES/NO _____

Any medical conditions of which we need to be aware of? YES/NO _____

I talked to the specialist about all the herbs the product contains, as well as of my medical issues:

YES/NO (initial) _____

I give my consent to take pictures and use them as marketing material: YES NO

I hereby state that I have no known allergies to the ingredients of this product and take full responsibility. I give my permission for this product to be applied to me.

All facts, details and recommendations on our website and given by our specialist are provided for information purposes only and are not intended to diagnose, prescribe, or replace the advice of professionals.

Natural skin care products are not a medication, and we can only make recommendations for suitability of our products in certain skin ailments & conditions. Any recommendations accepted by a purchaser are accepted entirely at the purchaser's risk.

By purchasing our products, you accept responsibility to check with a professional before using any products that may interfere with drugs or medical conditions.

By purchasing our products, you recognize and accept the fact that some natural ingredients, herbs, clays, oils in particular, may still cause sensitivity in susceptible individuals and that Cohn Health Institute will not be held responsible for such occurrences. We encourage those with sensitive skin to select tester spots where applicable and perform a patch test on their skin for possible reactions.

BY PURCHASING THIS AGREEMENT, YOU CONFIRM THAT YOU HAVE READ THIS DISCLAIMER

Signature _____ Date _____