ESSENCE
WELLNESS CLINIC

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# FACIAL TREATMENT INTAKE

(use this form for Microneedling, Mesotherapy, Facial Rejuvenation Acupuncture, Traditional Chinese Microneedling and Facial Cupping)

## Patient Information:

Name: _____ Date: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: (H) _____(Cell) _____
Date of Birth: _____(YYYY/MM/DD) Age: ____ Sex: M / F / □ _____
Occupation: _____ Email: _____
By providing my email, I agree to receiving clinic email reminders, health updates, promotions, etc.
In case of emergency, who should we contact: _____
How did you find out about our services? _____

## Do you currently have any of the following on your face? Please check:

□ Wrinkles and fine lines
□ Large pores
□ Pigmented skin
□ Double chin
□ Crow's feet
□ Dry skin
□ Discoloration
□ Acne
□ Droopy eyelids
□ Oily skin
□ Scars
□ Melasma

## What are your main facial complaints?

_____

_____

## Please check if you have or have had any of the following:

□ sensitive skin
□ using retinol/retinoid products
□ undergoing laser treatments or peels
□ on acne medication, topical anti-biotics
□ using glycolic peels
□ excessive tanning of face
□ Botox, when?: _____
□ clotting disorders, on blood thinners?: _____
□ cosmetic surgery, what/when?:_____
□ migraines
□ have/had cancer, skin cancer, when?: _____
□ herpes, any active herpes?: _____
□ telangiectasia (broken capillaries)
□ Dermal Fillers, when?:_____

□ allergic skin reactions, to what?: _____

## Please check if you have any contraindications for facial treatments:

□ Problems with bleeding (such as hemophilia, clotting disorders)
□ Former cosmetic surgery (caution only)
□ Migraines, Diabetes Mellitus (if current)
□ Serious health conditions (such as cancer, AIDS, heart disease)
□ Avoid ulcerated, irritated or bruised areas, warts
□ Problems with bruising
□ High blood pressure
□ Sunburns
□ Pregnancy
□ Flus and colds
□ Recent Botox or Dermal Fillers (must wait 2 weeks for substance to be absorbed)
□ Recent laser treatment, chemical peels, microdermabrasion (must wait 2 weeks due to thinned skin)
□ Acute herpes outbreaks and Acute allergic reactions (must wait until fully healed)

## Consent for Treatment

Microneedling and Facial Mesotherapy are treatments that involve multiple injections into the mesoderm, the layer of fat and connective tissue just millimeters under the skin. The agents injected will vary from time to time but generally includes homeopathics and nutrients such as vitamins, hyaluronic acid, and other amino acids. It is very important to inform our practitioners of any disease/illness you currently have or have had in the past, current medications and if you are currently **pregnant** or **breastfeeding**. Also inform us of any allergies or suspected allergies.

Possible complications of all Facial Treatments are minor bruising and bleeding at acupuncture sites, dizziness, headaches and possible fainting from the sight of blood. Although natural and organic facial products are used as a cleanser, toner and moisturizer during the treatment, there may be a slight chance for sensitivities and reactions to these products.

You should not expect our Practitioners to be able to anticipate and explain all risks and complications of the treatment and you are encouraged to discuss any questions and/or concerns with her prior to beginning the treatment. Side effects that can occur as a result of all Facial Treatments can include itchiness, swelling, redness, lumps, bumps, nodule formation, bruising, discoloration, scarring, blisters or ulceration, numbness, infection, dizziness, nausea, and possible allergic reaction to the substances used.

By signing this consent form you agree that you understand that treatment results are variable for each individual and cannot be guaranteed. Treatment plans including duration and frequency of treatments are guidelines only and are subject to change according to individual progress. You understand that multiple treatment sessions are required and that each treatment involves multiple injections around the area being treated. You acknowledge that all Facial Treatments provided at Essence Wellness Clinic, with its anti-aging role in increasing circulation and metabolism for the face, may not resolve any of your current facial conditions (such as wrinkles, bags or double chins), nor will it prevent any future facial conditions which you may acquire as a result of sun damage or natural aging. You understand the fee schedule and agree to pay for all costs incurred.

**Patients that should not undergo this procedure include: patients with a bleeding disorder or patients who are on blood thinners, women who are pregnant or breastfeeding, and patients with an active skin infection.**

By signing this consent form you agree that you have provided correct information about your health, you have read and understand all of the above, including the potential risks and side effects of treatment, and thereby authorize your informed consent to your entire course of all Facial Treatments by our practitioners and release them and Essence Wellness Clinic from any liability associated with their treatment.

Signature _____ Date_____