

**CLIENT INFORMATION**

Name \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_



**MAJOR CONTRAINDICATIONS**

Melanoma under treatment | Previous melanoma  Yes  No

Session only possible with a medical certificate  provided by the Client

In order to ensure safe session, only perform techniques that correspond to the boxes that are **not crossed out**

**⚠ In case of doubt concerning one of the contraindications mentioned below  
DO NOT PERFORM THE SESSION AND SEEK MEDICAL ADVICE**

**QUESTIONNAIRE TO BE COMPLETED BEFORE EACH SESSION**

Laser or Intense Pulsed Light Depilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waxing or threading   Depilatory creams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lesions   Burns   Open or healing wounds in the area to be treated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inflammation of the skin or oedema in the treatment area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autoimmune diseases (Diabetes type 1, Lupus, Crohn's, Hypothyroidism, Dermatitis,...)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of a **POSITIVE** answer, possibility to do only the following techniques:

<b>AquaPeel</b>	<b>UpSkin</b>	<b>Peel 2.0</b>	<b>C-Pen</b>	<b>MesoPlus</b>	<b>BioLed</b>	
<b>SESSION</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**QUESTIONNAIRE TO BE COMPLETED BEFORE EACH SESSION**

Pregnant, breastfeeding or wanting to become pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent exposure to the sun (less than 48 hours) or expected exposure <b>within 10 days</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemotherapy in progress or less <b>than 12 months old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment based on Vitamin A (ex: anti-acne: Roaccutane), Vitamin A derivatives, Retinoids or Benzoyl Peroxides less <b>than 6 months old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment with antidepressants, immunosuppressants, antibiotics or anti-inflammatory drugs in progress or less <b>than 6 months old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application of substances or cosmetics based on fruit Acids, Vitamin A or Essential Oils less <b>than 1 week old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prone to herpes   Frequency and location: Active?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

In case of a **POSITIVE** answer, possibility to do only the following techniques:  
(**EXCEPT** if preventive treatment taken 1 week before the session for herpes)

<b>AquaPeel</b>	<b>UpSkin</b>	<b>Peel 2.0</b>	<b>C-Pen</b>	<b>MesoPlus</b>	<b>BioLed</b>	
<b>SESSION</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Difficult healing and keloid scars (raised)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injections   Botox   Hyaluronic Acid less <b>than 1 month old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dermabrasion   Laser less <b>than 1 month old</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of a **POSITIVE** answer, possibility to do only the following techniques:

<b>AquaPeel</b>	<b>UpSkin</b>	<b>Peel 2.0</b>	<b>C-Pen</b>	<b>MesoPlus</b>	<b>BioLed</b>	
<b>SESSION</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Regular use of anti-coagulants or aspirin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In case of a **POSITIVE** answer, possibility to do only the following techniques:

<b>AquaPeel</b>	<b>UpSkin</b>	<b>Peel 2.0</b>	<b>C-Pen</b>	<b>MesoPlus</b>	<b>BioLed</b>	
<b>SESSION</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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**POSSIBLE SIDE EFFECTS**

Itching and tingling, a feeling of skin heating are possible after care.

The treated area may show some redness for several hours after the care.

The treated area may peel slightly after a few days. Dead skin should not be removed.

**POST-CARE COMMITMENTS**

The Client agrees **NOT** to expose himself/herself to the sun after the care for  **2 days**  **5 days**  **10 days.**

The Client agrees to apply a sun protection cream (minimum SPF30) **during the 7 days following the session**, even if she does **NOT** intend to expose herself directly to the sun.

The Client agrees **NOT** to apply make-up **for 2 days after the session.**

The Client agrees **NOT** to bathe or go to a sauna, jacuzzi, hammam, bath or swimming pool **within 3 days after the session.**

The Client agrees **NOT** to use on the treated area any cosmetics containing Essential Oils (including perfumes), Vitamin A, fruit Acids or any other irritating or photosensitizing substances **for 10 days.**

The Client agrees **NOT** to perform epilation or depilation on the treated area **for 7 days post-care.**

I, the undersigned \_\_\_\_\_

certify that all the information mentioned above is accurate, I undertake to notify my professional of any changes to the answers provided above & I undertake to follow all post-processing recommendations that have been communicated to me.

SESSION	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Date						
Client Signature						
Name Professional						