

Facial Rejuvenation Intake Form

Name _____ M F Today's Date (Mo/Day/Year) ____/____/____

Date of Birth (Mo/Day/Year) ____/____/____ Care Card Number _____

Home Address _____ City _____ Postal Code _____

Cell Phone Number _____ Alternative phone number _____

Emergency Contact Name _____ Relationship _____ Phone #: _____

EMAIL ADDRESS _____

Please email me about upcoming talks, featured services and products.

Please use my email for Appointment Reminders

Please use my phone number for Appointment Reminders

How did you find us (friend/family member, our sign, our website, other)? _____

Occupation/Previous Occupation _____

Please ensure the information that you provide is accurate and complete. All information collected is considered confidential and is kept in accordance with the College of Naturopathic Physicians of BC.

HISTORY

Please describe any concerns you have regarding your skin:

Current medications and drugs, including topical _____

Are you pregnant or breastfeeding or do you plan to become pregnant in the near future? Yes No

Any known allergies: _____

Do you have history of allergic reaction to any of the anesthetic? Yes No

If YES, then specify which ones and when:

Do you have any of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Autoimmune condition | <input type="checkbox"/> Herpes/Coldsores/Shingles | <input type="checkbox"/> High stress level |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Kidney/Bladder disease | <input type="checkbox"/> Contagious illness | <input type="checkbox"/> Mental Illness |
| | <input type="checkbox"/> Headaches | |

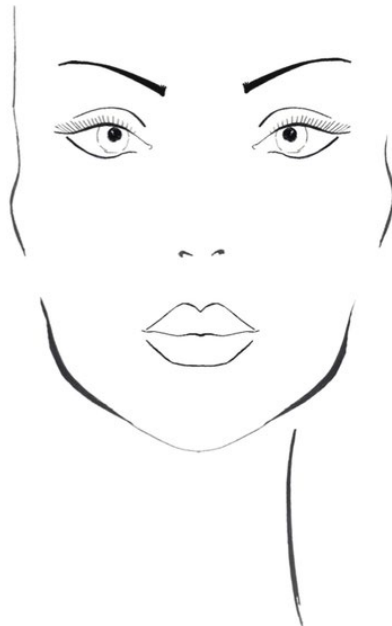
What areas of would you like to discuss?

- Hair Face Neck Décolleté Hands Thighs Buttocks Stomach

Other _____

Please select the description that best describes your skin's sensitivity:

- Little to no sensitivity Mildly sensitive Moderately sensitive Very sensitive



Practitioner to review with patient:

Skincare Products currently used: Cleanser, Exfoliant, Serum, SPF, Moisturizer Day/Night _____

Current Skincare includes: Retin-A, Hydroquinone, Kojic Acid, Glycolic Acid, Other _____

Which of the following aesthetic skincare services have you experienced in the past?

Facials, Microdermabrasion, Chemical Peels, Botox, Other _____

Laser, Intense Pulsed Light (IPL), Thermage, Cool Sculpt, Therma Cool, TCA, Other _____

As for the above two questions, were there any complications from the above previous procedures?

If yes, describe: _____

Do you feel faint with needles? Yes No

Have you ever been prescribed Acutane? Yes No

If yes, when? _____

What to Expect after the Treatments:

JetPro

No needles, no pain, no down time, just results.

Scarlet RF (micro needling)

Immediately after treatment, expect the treated area to look slightly red, though this typically fades in a few hours. There will be some mild swelling, which in most patients fades in a day. Beyond this, there is usually some "settling" of effect over the first 1-2 weeks, after which the improvements noted are long lasting.

Platelet-Rich Plasma with CGF

Immediately after treatment, expect the treated area to look slightly red, though this typically fades in a few hours. Puffiness can last up to 3 days. Applications of face ice mask, cold compresses and a facial moisturizer can help to soothe the skin.

There is usually very little bruising, which is generally limited to a few "points" and can easily be covered with make-up. Bruising might show up a day or two later and could last 4-10 days. It can be covered with makeup. Spot bleeding in the sites of needle injection during or after the procedure can be attributed to intake of some supplements, blood thinners, anti-inflammatory medication, or even a glass of wine a night before. For list of substances to avoid please refer to our booklet.

Numbness/tingling sensation after topical application of the numbing cream before the procedure dissipates after 1-3 hrs (everybody is different)

(Signature of Patient, Parent or Legal Guardian)

(Date)