



# Dermaplane Client Consent Form

## SECTION 1: MEDICAL HISTORY FORM/HEALTH QUESTIONNAIRE

Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ DL or ID# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone# \_\_\_\_\_

**Have you had any of the following procedures, suffer from the following diseases/conditions, or are taking any of these medications? (Circle YES or NO)**

YES/NO	Accutane/Retin-A within year	YES/NO	Recent Chemical Peels
YES/NO	Allergies	YES/NO	Rosacea
YES/NO	Blood Thinner	YES/NO	Raised Lesions
YES/NO	Chemotherapy/Radiation within the past 6 months?	YES/NO	Scleroderma
YES/NO	Diabetes	YES/NO	Skin Cancer
YES/NO	Food/drug allergies	YES/NO	Sensitive Skin
YES/NO	History of scarring/Keloiding	YES/NO	Skin Cancer
YES/NO	Hormonal therapy that produces thick pigment	YES/NO	Sun Burn
YES/NO	Eczema/Psoriasis/dermatitis	YES/NO	Tattoos
YES/NO	Extremely Oily Skin	YES/NO	Thick Dark Facial Hair
YES/NO	Glaucoma	YES/NO	Recent use of topical agents such as glycolic acids, alpha-hydroxy acids and Retin-A
YES/NO	Light Sensitivity	YES/NO	Vascular Lesions
YES/NO	Irritated or Broken Skin	YES/NO	Skin irritation
YES/NO	Pregnant/Breast Feeding		

## SECTION 2: ACKNOWLEDGMENTS, AGREEMENTS, RISKS, AND, CONSENT

*Please initial before each statement to accept your acknowledgement and agreement to the following:*

\_\_\_\_\_ I understand that Dermaplaning involves the use of surgical blade to remove fine vellus hair and dead layers of skin from the face.

\_\_\_\_\_ The nature and purpose of this treatment has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction. I understand that the treatment may involve the risk of complication or injury and I freely assume those risks. Possible side effects of the treatment area can include mild redness of the skin, irritation and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade. Patient will be notified and the area will be treated if necessary. The hair is expected to grow back blunt-ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter normal hair growth pattern.

\_\_\_\_\_ **If a chemical peel is part of this treatment** I understand that the sensation and penetration of the peel will be enhanced. Which may cause skin irritation, mild discomfort, and tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores?



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\_\_\_\_\_ I certify that I have read this entire consent and that I understand and agree to the information provided in this form.

\_\_\_\_\_ I certify that I am competent adult of at least 18 years of age, or that, if I am a minor under the age of 18, I understand that the consent of my parent/guardian having legal custody will also be required before treatment. I agree and adhere to all safety precautions and regulations during the skin treatment.

\_\_\_\_\_ **I have received and understand the post care recommendations as follows: no sun exposure for 48 hours, moisturize as needed, use gentle cleanser only, Alpha and Beta Hydroxy acid (if desired) may be resumed 48 hours after treatment. Use of sunscreen is highly recommended post-treatment for at least next 7 days. (SPF 30)**

Client Name (printed) \_\_\_\_\_

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

# Dermaplane Aftercare Instructions

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- Avoid aerobic exercise or vigorous physical activity until all redness has subsided.
- Avoid direct sunlight exposure immediately following the treatment (including any strong UV light exposure or tanning beds).
  - Although SPF 30+ should already be a part of your daily skin care, after dermaplaning, SPF 30+ must be applied daily to the treated area for a minimum of two weeks.
- Cleanse the treated area twice daily and follow up with SPF 30+ sunscreen.
- More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. Dermaplaning may cause minor superficial abrasions which may not appear until a day or two following your treatment. If this should occur, please contact me so that I can do a post-treatment follow up with you.