

# Ocean Med Spa Microdermabrasion

915 SE Ocean Blvd #5  
Stuart, Florida 34994

Name: \_\_\_\_\_ Date of Birth: / \_\_\_\_ / \_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

## Your Skin

**Yes No** Do you have allergies? If yes, which ones: \_\_\_\_\_

**Yes No** Have you had a chemical peel in the last 6 months?

**Yes No** Do you experience skin breakouts?

**Yes No** Do you experience oily shine throughout the day?

**Yes No** Do you ever experience a burning, itching sensation on your skin?

**Yes No** Do you ever experience flakiness and/ or tightness?

**Yes No** Do you use SPF on your face? If so which one: \_\_\_\_\_

**Yes No** Do you sunbathe or use tanning beds?

**Yes No** Do you burn easily in moderate sunlight?

**Yes No** Do you blush easily when nervous?

**Yes No** Do you have a tendency to redness?

**Yes No** Do you suffer from sinus problems?

**Yes No** Have you ever experienced a reaction to any skin care products? If so which ones: \_\_\_\_\_

**Yes No** Within the last year have you been under the care of a dermatologist or other physicians care? If so what for? \_\_\_\_\_

**Yes No** Within the last 2 years have you undergone any surgeries? If yes, please specify: \_\_\_\_\_

**Yes No** Have you had any health problems past or present? If yes, please specify: \_\_\_\_\_

**Yes No** Do you have any special skin problem pertaining to your face or body? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Yes No** Do you smoke?  
\_\_\_\_\_  
\_\_\_\_\_

**What skin care products are you currently using?**

Soap Cleanser \_\_\_\_\_ Toner \_\_\_\_\_

Exfoliator \_\_\_\_\_ Moisturizer \_\_\_\_\_

Masque \_\_\_\_\_ Eye Products \_\_\_\_\_

Other \_\_\_\_\_

**Yes No** Do you currently use Accutane, Retin A, Renova, Adapalene or any other prescription skin care products? If yes, please list:  
\_\_\_\_\_

**Yes No** Are you currently using any products that contain the following ingredients, please circle all that apply:

**Glycolic Acid, Lactic Acid, Exfoliating Scrubs, Hydroxy Acids, Vitamin A Derivatives**

**Yes No** Have you ever had chemical peels, microdermabrasion or any resurfacing treatments? If yes, how long?  
\_\_\_\_\_

How much water do you consume daily? \_\_\_\_\_

How many alcoholic beverages do you consume weekly? \_\_\_\_\_

What are your skin care goals? \_\_\_\_\_

# Ocean Med Spa

915 SE Ocean Blvd · Stuart, FL 34996

## Microdermabrasion Client Informed Consent Form

To the CLIENT: you have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is to allow you to make an informed decision to give, withhold, or consent to treatment.

1. I voluntarily request that Ocean Med Spa perform the Microdermabrasion procedure. I acknowledge having been informed of that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.
2. I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such other or different conditions, I will be referred to an appropriate medical care provider.
3. I acknowledge that, while the goal of such a procedure is the removal of damaged skin, the realistic results average 50-75% improvement. I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are improved and in other no appreciable improvement is noticed.
4. I also realize that the following risks and hazards may occur in connection with the particular procedure: worsening or unsatisfactory appearance, creation of additional problems such as: poor healing, skin loss, nerve damage, painful unattractive scarring, or pain recurrence of the original condition.
5. I have been advised that I must use sunscreen with 25 SPF or greater at all times during the course of treatment.
6. I have been informed that there are risks such as blood loss and infection that are attendant to the performance of any exfoliation procedure.
7. I have been advised of alternative methods available for treatment, which includes acid peels and laser skin resurfacing.
8. I understand that multiple treatments maybe required. The cost of these was disclosed prior to my first treatment.
9. I have received a thorough explanation

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

*Note: All prices are subject to change without warning*

\_\_\_\_\_  
Client's Name (Please print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date