



SCIENCE FOR WELLNESS

MICROCURRENT - CLIENT CONSENT FORM

DATE: _____

FIRST NAME: _____ LAST NAME: _____

E-MAIL ADDRESS: _____

Please circle your Yes / No answers.

1. Are you under a physician's care for any skin condition or other problem? Yes / No
2. Are you pregnant? Yes / No Breastfeeding? Yes / No
3. Do you experience stress or Anxiety? Yes / No
4. Do you have acne? Yes / No
5. Do you have any allergies? Yes / No
6. Do you have active cancer? Yes / No
7. Are you over 18 years old? Yes / No
8. Do you have any metal implants in your body? Yes / No
9. Have you had heart surgery in the past year? Yes / No
10. Have you had recent facial operation or surgery? Yes / No
11. Have you Botox in the past three weeks? Yes / No
12. Any serious illness/disease not listed here? Yes / No - If yes _____
13. Do you presently have a cold or flu? Yes / No
14. Please list any medications, oral or topical: _____
15. Are you or have you ever used (please check): ___Azelex ___ Differin ___ Renova ___ RetinA ___
___ Tarazac ___ Glycolic or AHA acids ___ Accutane – if so and for how long _____
16. Do you have or are you affected by any of the following? (Please check)
___ Asthma ___ Cardiac Problems ___ Eczema ___ Epilepsy ___ Fever Blisters ___ Hepatitis ___
___ Chronic Headaches ___ Herpes ___ High Blood Pressure ___ Hysterectomy ___ Lupus ___
___ Immune Disorder ___ Fibromyalgia ___ Pacemaker ___ Sinus ___ Urinary ___ Diabetes ___
___ Skin Diseases ___ Metal Implants ___ Any Active Cancer ___ Mitral Valve Prolapse ___

I acknowledge that no guarantee has been given to me of how much firming and toning will take place, as each individual's skin conditions are unique. I understand that no specific results are guaranteed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO RECEIVE a MICROCURRENT TREATMENT DEMO. ALL MY QUESTIONS HAVE BEEN ACKNOWLEDGED AND ANSWERED TO MY SATISFACTION. I HEREBY ACKNOWLEDGE THAT I HAVE PROVIDED ACCURATE AND HONEST INFORMATION.

Client's Signature: _____ Date: _____