rezenerate™ nanofacial

# CLIENT INTAKE & CONSENT FORM

**FOR REZENERATE AUTHORIZED PROVIDER USE ONLY**

**Date**: _____

## CONTACT INFORMATION

**Name:**_____ **Birth Date:**_____

**Address:** _____

**City:**_____ **State:**_____ **Zip:**_____

**Cell Phone:**_____ **Work Phone:**_____

**E-Mail Address:**_____

**Emergency Contact:** (Name & Phone)_____

**Primary Physician:** _____

Do we have permission to contact you by phone or leave messages: ☐ Yes ☐ No

Preferred method of contact: ☐ Phone ☐ Text ☐ E-Mail

Do we have permission to show your photos for educational purposes? ☐ Yes ☐ No

## CONCERNS

What concerns you most about the overall appearance of your skin? (check all that apply)

- ☐ Acne
- ☐ Acne Scarring
- ☐ Age Spots
- ☐ Blackheads
- ☐ Body Acne
- ☐ Broken Blood Vessels
- ☐ Bumps on back of arms
- ☐ Cellulite
- ☐ Cysts/Nodules
- ☐ Dehydrated Skin
- ☐ Dull Complexion
- ☐ Excessive Facial Hair
- ☐ Facial Veins
- ☐ Fine Lines/Wrinkles
- ☐ Frequent Breakouts
- ☐ Large Pores
- ☐ Loss of Lashes/Brows
- ☐ Melasma/Brown Spots/Patches
- ☐ Oily Skin
- ☐ Redness
- ☐ Rough/Uneven Skin Texture
- ☐ Rosacea
- ☐ Sagging Skin
- ☐ Sun Damage
- ☐ Under Eye Puffiness/Dark Circles

OTHER:_____

_____

_____

How would you describe your skin? ☐ Oily ☐ Dry ☐ Combination ☐ Sensitive

How would you describe your stress level? ☐ Little ☐ Moderate ☐ High ☐ Severe

Do you feel your stress level may be affecting the health of your skin? ☐ Yes ☐ No

Are you in good health overall? ☐ Yes ☐ No

Concerns:_____

_____

## HISTORY

Are you currently under the care of a physician? ☐ Yes ☐ No

Explain If Yes:_____

Do you have any allergies to foods or medications? ☐ Yes ☐ No

Explain If Yes:_____

Are you currently on any medications either topical or oral? ☐ Yes ☐ No

If yes, please list: _____

Ethnic Background (Parents, Grandparents and Great Grandparents): _____

_____

How do you heal after an acne breakout, cut or scratch? ☐ No scar ☐ Red ☐ Brown (PIH)

Do you smoke? ☐ Yes ☐ No

Are you prone to cold sores? ☐ Yes ☐ No If yes, date of last cold sore? _____

Do you have an allergy to Latex? ☐ Yes ☐ No

Do you tan in the sun or in tanning beds/booths? ☐ Yes ☐ No

Please check the skincare products you are currently using:

☐ Cleanser ☐ Toner ☐ Serum ☐ Scrub ☐ Mask ☐ Eye Cream ☐ Moisturizer

☐ Sunscreen ☐ Self Tanner ☐ Concealer ☐ Makeup ☐ Other_____

Anything else we should know:_____

_____

**DESCRIPTION OF THE FACIAL:**

The Rezenerate Facial System allows the targeted products/serums chosen by you and your skin care professional to reach maximum efficacy! The intended result is typically smoother, firmer and younger looking skin, but any number of results can be achieved depending upon the chosen serum/products used. Rezenerate Facials are performed in a safe and precise manner with the use of sterile Rezenerate components. (All serum/products should be discussed separately with your skin care professional.)

**POTENTIAL SIDE EFFECTS:**

I recognize there are no guaranteed results and that results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further facials to obtain the expected results at an additional cost. After the Facial, in rare cases, the skin will be pink and flushed in appearance. You may also experience skin tightness and mild sensitivity to touch or sweating on the facial area.

**CONTRAINDICATIONS:**

Contraindications include: Keloid scars; active inflammatory conditions; history of actinic (solar) keratosis; history of active Herpes Simplex infections; history of diabetes; presence of raised moles, warts on targeted area; scleroderma, collagen vascular diseases; blood clotting problems; active bacterial or fungal infection; immuno-suppression. Not recommended for women who are pregnant or nursing.

**CLIENT CONSENT:**

I understand that results will vary between individuals. I understand that although I may see a change after my first Rezenerate Facial; I may require a series of Rezenerate Facials to obtain my desired outcome. I understand that the Rezenerate Facial is a cosmetic treatment, not a medical procedure.

The Rezenerate Facial and any potential contraindications or side effects have been explained to me to my complete satisfaction.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success, or any other result of the Rezenerate Facial, and I hold Rezenerate and my skin care professional harmless for any undesired effect.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the Rezenerate Facial including risks or alternatives and acknowledge that all my questions about the facial have been answered in a satisfactory manner.

**THIS CONSENT FORM SHALL BE VALID FOR ALL REZENERATE FACIALS I RECEIVE.**

**Print Name: _____Signature:_____**

**Date: _____**