

Blu Bird Spa Dermaplane Treatment Consent Form



Name: _____ Today's Date: ____/____/____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Occupation: _____ Referred by: _____

Medications (oral/ topical): _____

Check All That Apply To You:

- Allergies ____
Please list: _____
- Pregnant ____
- Under the care of a Dermatologist/ Plastic Surgeon/ or any other Medical Doctor ____
Describe: _____
- Use Retin-A, Renova, Retinol, or any other Acne Medications ____
Please list: _____
- Recently had chemical peels ____
- Recently had laser treatments ____
- Recently had cosmetic injections ____
- On a regular basis use blood thinners, higher dosages of Aspirin, or Accutane ____
- Use treatment creams for hair removal OTC or Professional _____

I confirm that the above information that I have answered are to the best of my knowledge and that this information will allow my aesthetician to provide the optimum service and recommend the best products for myself. I understand and agree to the above treatment provided today and/or future treatments. I will discuss any concerns that I have before the service begins. *Contraindications for Dermaplane treatments include but not limited to diabetes, cancer, active acne, bleeding disorders, and the inability for blood to coagulate following injury. Certain medications including blood thinners, high dosages of Aspirin, and Accutane are contraindicated for Dermaplane treatments due to increased sensitivity and/ or the possibility of delayed clotting from a nick or cut. I also understand to not make sudden moves or excessive talking due to the nature of the treatment as a surgical blade is used to remove dead skin cell layers and vellous hair on the face in which can increase the chance for a nick or cut if directions are not followed. While every precaution is taken, I understand the risks. I hereby give my consent and authorization voluntarily and release Blubirdspa from any claims, implied or stated that, I have or may have in the future with various treatments, regardless of result or injury.

Your signature: _____

Date: ____/____/____