



Skin Care with Dory/AquaFacial Client Screening

Name: _____

Age: _____

Are you currently under the care of a physician for a specific condition? Yes No
If Yes, list reason(s).

List all current medications:
(Include ointments and creams prescribed by a physician.)

Circle all that apply:

- | | | |
|----------------------------|----------------------------|---|
| Acne | Hepatitis | Skin Cancer |
| Auto Immune Disease | High Blood Pressure | Uncontrolled Diabetes |
| Blood Thinners | Low Blood Pressure | Vascular Lesions |
| Dermatitis | Pace Maker | Viral Lesions
(Herpes Simplex) |
| Facial/Oral Surgery | Pregnant/Nursing | |
| Eczema | Sinus Infections | |

Please explain any items circled above if indicated.

Circle products if you are currently using them on areas to be treated.

- | | | | |
|----------------|---------------------------------------|----------------|-----------------------|
| Acutane | Alpha or Beta Hydroxy Products | Retin-A | Salicylic Acid |
|----------------|---------------------------------------|----------------|-----------------------|

Others: _____

Please list any previous facial treatments and date.
(i.e., chemical peel, microdermabrasion, laser resurfacing.)

What do you hope to achieve from this treatment?

Signature: _____ Date: _____



Skin Care with Dory/AquaFacial Informed Consent

I authorize _____

to perform a AquaFacial exfoliation & product infusion procedure upon my skin.

I understand that an abrasive sensation or stinging may occur during the procedure.

I understand that possible side effects include but are not limited to: breakout, peeling, tightness, mild to extreme redness, wind-burn sensation, dry skin, flaking skin, and/or lightening or darkening of the skin.

I understand that the results of this procedure may vary due to conditions: such as age, condition of skin, sun damage, damage due to smoking, climate, etc.

I understand that the number of procedures is dependent on skin type and condition, and that completely following the advised program will lead to the best results.

I understand that this procedure is a cosmetic procedure and that no medical claims are expressed or implied.

I understand that blemishes and/or cold sores may result after this procedure.

I understand that waxing, filler and Botox injections should be avoided for 10 ~14 days before or after this procedure.

I understand that direct sun exposure, including tanning booths, is prohibited while I am undergoing procedure and that the use of daily sun block protection (minimum SPF 20) to the area treated is mandatory.

I have not had a chemical peel or microdermabrasion procedure of any kind within 14 days of this procedure, whether the procedure was performed at this location or any other location.

I understand that I am to discontinue all AHA's, Glycolics, Retin-A, Renova or any exfoliating products for up to 72 hours post procedure.

I hereby agree to all of the above and agree to have this procedure performed on me. I further agree to follow all post-care instructions. Prior to receiving any procedure, I have been candid in revealing any condition that may have bearing on this procedure. I am over 18 years of age. (Parental consent required for minors.)

I furthermore indemnify the authorized person herein, and hold harmless from any and all claims, demands, liabilities, judgments, costs and expenses arising out of any claims relating to the procedure authorized herein.

Patient: _____
Print Name

Patient Signature: _____

Date: _____



AquaFacial CHART INSERT

Name: _____
Assessment: _____

Date _____ of _____

Pertinent History:

Treatment Area: Face Neck Hands Décolleté

Other: _____

Skin Conditions: Circle all that apply:

- | | | |
|-------------------|--------------------------|-----------------------|
| Rash | Dryness | Comedones |
| Redness | Lesions | Enlarged Pores |
| Acne Scars | Milia | Scar |
| Rosacea | Stretch Marks | Sun Damage |
| Age Spots | Hyperpigmentation | Other |

AquaFacial Treatment Chart

Date	# of Passes	Flow Level	Pressure Level	Notes

Other Interventions:

Post care information given

Outcome/Recommendations/Notes:

Equipment Operator Signatures:

Signed: _____
Signed: _____
Signed: _____
Signed: _____
Signed: _____
Signed: _____

Date: _____
Date: _____
Date: _____
Date: _____
Date: _____
Date: _____



Skin Care with Dory/AquaFacial POST-CARE INSTRUCTIONS

General Information:

- A quality mineral makeup may be applied after the treatment if necessary, but it is best to leave the skin free of makeup until the next day
- Skin may feel wind burned and/or tight for a day or two after the treatment.
- You may experience dryness and peeling for a day or two after treatment. A gentle moisturizer should be applied as frequently as needed.
- Apply recommended topicals according to instructions.

Aftercare Treatment

- Keep the treated area clean, moist and protected from the sun
- If the treated area is painful: Compress – Mix 1 Tablespoon of vinegar with 2 cups tepid water and apply to treated area as necessary.
- Ice Pack – apply as needed.
- Antioxidants & Hyaluronic Acid – apply for soothing and hydration of the skin.
- Avoid exercise or profuse perspiration for 6 hours after treatment.

For 72 Hours After Treatment:

- Stay out of direct sunlight. If you must be outdoors, wear a broad brimmed hat or use a sunscreen. (Minimum SPF20).
- Use warm or tepid water on area treated; do not use hot water.
- Do not submerge the treated area in chlorinated pool or hot tub water for at least 24 hours after treatment.

For 10 - 14 Days After Treatment:

- Do not have any other skin peel, Microdermabrasion or Chemical Peel, unless you are following a specific protocol.
- Do not have waxing done in the treated area.

Refrain from the use of tanning booths during your treatment series.