

Easey Aesthetics

Skin & Lash Specialists

Name:..... Birth date:.....

Home Ph:..... Mobile:.....

Emergency Contact:.....

Allergies:.....

Email:.....

Occupation:

How did you hear about us?:.....

What treatments are you considering?

.....

Have you had any of the above treatments lately?

.....

Fitzpatrick Skin Type and Description- please tick your skin type

☐ 1 extremely fair skin – always burns, never tan

☐ 2 fair skin – always burns, sometimes tans

☐ 3 medium skin - sometimes burns, usually tans

☐ 4 olive skin – rarely burns, always tans

☐ 5 moderately pigmented brown skin –never burns, always tans

☐ 6 markedly pigmented black skin- never burns, always tans

Have you had any sun exposure in the last 10 days? This includes solariums!
Yes/No

Have you been on a Roaccutane in the past 6 months? (Acne Treatments)
Yes/No

Are you currently taking any medication? Please list (include blood thinning
Medication)

.....

Do you have any illness/diseases or history of? (E.g. epilepsy, diabetics)

.....

Do you suffer from Herpes Simplex? (cold sores) Yes/No

Are you HIV/Aids Positive? Yes/No

Is there any possibility that you may be Pregnant or Brest Feeding? Yes/No

Do you have a heart pacemaker? Yes/No

Do you use any vitamin A or Retinol creams? Yes/No

What type of skincare do you use?

.....

.....

Have you had any surgery in the past 6 months? If so what?

.....

Have you had any reaction to local anesthetics? Yes/No

**Consent for TreatmentI have read and understand the information
provided in this form**

- **The procedure has been explained to me by my clinician**
- **All questions have been answered to my satisfaction**
- **I consent to the taking of photographs for documentation during the course of my treatment.**
- **I understand post treatment recommendations and will adhere to them**
- **Freely assume any risk of complications or injury from unknown cause associated with, relating to, or otherwise arising out of this procedure.**
- **I have the right to consent to or refuse any proposed procedure at any time prior to its performance.**
- **I consent to photographs being taken BEFORE, DURING, and AFTER my procedure. I agree to these being stored with my case file and used with this my consent, for promotional purposes.**
- ☐ **I ALSO CONSENT TO THE USE OF MY PHOTOGRAPHS AND VIDEO FOOTAGE FREE OF CHARGE FOR MARKETING PURPOSES.**
- **I must notify clinician if my medical history changes prior to subsequent treatments. I consent and authorize Nicolette Easey to perform the following procedure**
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You have chosen a cosmetic procedure that is not medically necessary. Fibroblast Plasma lift is an art process, not an exact science and cannot guarantee an exact shrinkage result due to skin elasticity and individual healing process. You may be required to return for additional treatments before your overall procedure is deemed complete. The payment for any additional work, are applicable, Additional treatments, cannot be performed until after 4-8 weeks from date of initial treatment. This is in order to allow the initially treated area to heal fully.

Your specialist will use a treatment plan to record the areas you have chosen, Numbing anesthetic will be used on treatment area, as well as pre and post treatment photographs. This information will be held securely in your consultation record.

The skin type of every client is different, and the healing process may lead to some discoloration of the skin. If exposed to sun while healing.

After each treatment some swelling, or redness may occur. In some cases there may be extreme swelling. Your specialist will give you appropriate advice to help reduce this risk. Throughout the treatment you may experience some discomfort, but your specialist will reassure you throughout and endeavor to make you feel comfortable. Since the treatment includes small burns to the skin, you may experience the smell of charring. This is perfectly normal.

You must adhere to the specialist's aftercare advice given to you following your treatment. This is very important and will reduce the risk of post procedural infection upon leaving the clinic. You must let the treated area heal properly. Avoid picking, plucking, knocking as this will hinder the healing process and could make the treatment appear uneven thus requiring further work.

- **Signature of Patient.....**
- **Date.....**