

## NYPRO SPA | | CONSULTATION & CONSENT

NAME.....  
 ADDRESS.....  
 CITY.....STATE.....ZIP.....  
 PHONE.....EMAIL.....  
 REF BY.....AGE.....BIRTHDAY.....GENDER.....

**MEDICAL INFO**

Medications and vitamins (list all and why): .....

Have you undergone surgery recently? • No • Yes (specify): .....

Do you have any notable health problems? • No • Yes (specify): .....

Do you have any notable allergies? • No • Yes (specify): .....

**PLEASE INITIAL THE FOLLOWING:**

I HAVE NOT USED RETIN-A IN THE LAST 72 HOURS: \_\_\_\_\_

I AGREE NOT TO USE RETIN-A FOR 5 DAYS, PRE- OR POST TREATMENT: \_\_\_\_\_

I HAVE NOT TAKEN ACCUTANE IN THE LAST YEAR: \_\_\_\_\_

I HAVE NO ACTIVE COLD SORES: \_\_\_\_\_

I AM NOT ALLERGIC TO ASPIRIN: \_\_\_\_\_

I AM NOT PREGNANT: \_\_\_\_\_

I AGREE NOT TO WAX FOR 72 HOURS POST-TREATMENT: \_\_\_\_\_

I AGREE TO AVOID DIRECT SUNLIGHT FOR 48 HOURS: \_\_\_\_\_

I AGREE TO APPLY SUNSCREEN DAILY: \_\_\_\_\_

I AGREE TO NOTIFY MY ASTHETICIAN OF ANY CONCERNS POST-TREATMENT: \_\_\_\_\_

**PRECAUTIONS TO BE NOTED**

**PLEASE READ THE FOLLOWING:**

The treatment you receive is a clinical treatment designed to exfoliate the outer layer of the skin. Your participation in the treatment will determine the outcome. It is important that you strictly adhere to your home care regimen and products recommended to you. No guarantee is expressed or implied as to the exact result, peeling time or discomfort. Depending on the treatment, you may experience some temporary stinging or warm flushing. This will fade within five minutes. For most patients, a light flaking begins within 48 hours. It is impossible to pre-determine how much peeling will occur. The shedding process usually subsides within 2-3 days.

**CONSENT**

**PLEASE SIGN THE FOLLOWING:**

I hereby give my consent and authorization voluntarily and release NYPRO Spa from any claims, implied or stated that I have or may have in the future because of this treatment regardless of result. I am stating that the treatment and the precautions above have been explained to me in detail and that I fully understand.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SKIN CLASSIFICATION**

**\*\*ASTHETICIAN USE ONLY**

Client's skin is/has:

Normal	Oily	Acne	Superficial Lines	Discoloration
Dry	Open Pores	Vulgaris	Deep Lines	Rosacea
Dehydrated	Comedones	Cystic	Relaxed Elasticity	
Aging	Milium	Scars	Good Elasticity	
Thin/Sensitive	Asphyxiated	Wrinkles	Couper	