**HydraFacial** is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with **little-to-no downtime**.

SUNNY’S SALON & SPA

The treatment is soothing, moisturizing, non-invasive and generally non-irritating.**Visible results from HydraFacial will vary from person to person**.

**What to expect:**

* Your skin may experience **temporary irritation, tightness, or redness.** These are all **normal reactions** that typically resolve within 72 hours depending on skin sensitivity.
* You may experience **tingling and stinging in the treatment area**. These sensations generally subside within a few hours.
* **Client experiences may vary.** Some clients may experience a delayed onset of these symptoms.
* You will likely **see results immediately after treatment** and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.

HYDRAFACIAL TREATMENT CONSENT FORM

* The skin is **more susceptible to sunburn/sun damage.** Avoid excessive sun exposure and make sure to apply and **reapply** sunscreen when out in the sun.

Do you have any of the following?\*
\*Saying yes does not preclude you from receiving treatments.

* Active acne or infection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Open lesion or cold sore \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* An active infection in the treatment area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Active sunburn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Skin conditions such as eczema, dermatitis, or rashes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* An autoimmune disease such as lupus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* A viral concern such as HIV or hepatitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Anticoagulants Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Melanoma or lesions suspected of malignancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No
* Pregnancy or lactation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No
* Neurological disorders such as epilepsy (LED Lights) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No
* Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) ☐Yes ☐No
* Crohn’s Disease (Lymphatic drainage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Hyperthyroidism (Lymphatic drainage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No
* Deep Venous Thrombosis (Lymphatic drainage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No
* Lymphedema (Lymphatic drainage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No

Have you recently?

* Used Accutane, topical medications or antibiotics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐Yes ☐No
* Had aesthetic fillers, injectables or laser treatments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Yes ☐No

**I acknowledge the following:**

* I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre-and post-treatment.
* Photos may be taken before, during and after the HydraFacial treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
* I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Sunny’s Salon and Spa.
* By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System.
* This consent form is valid for all future HydraFacial treatments. I will alert the staff If there are any future changes to my medical history.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: