

BEAUTY REFINERY

Belle Beauty Therapy Ltd
504 Dingwall Building, 87 Queen Street, Auckland 1010

All of the information you provide is confidential and will only be accessed by the therapists performing or assisting with your treatments. We ask for this information so that we can provide you with a safe and successful treatment.

PERSONAL PROFILE

Name
Date of birth
Phone
Email
Address

Occupation

Doctor/GP
Practice

ESSENTIAL MEDICAL INFORMATION

Allergies

Illnesses

Medications (include topical)

Injuries

HISTORY OF SENSITIVITY TO:

Any beauty therapy treatment:

Any skincare product:

Adhesive, sticking plaster, topical product:

ARE YOU PREGNANT?

Yes Weeks No

ARE YOU BREASTFEEDING?

Yes No

CONSENT

Upon reading and signing this consent form I understand that although all professional care is taken in delivering the best possible treatment and advice at the time, I will not hold Beauty Refinery clinic or staff liable, if for some unforeseen reason there is an adverse reaction or side effect during or after the treatment. I also agree to follow all home care advice given to me once I leave the premises.

I also understand that I am personally responsible for the after care of my skin once I leave the clinic. This consent applies to all treatments I have at Beauty Refinery, and I will update my information with my therapist should any of it change prior to treatment.

I confirm that I have read and understood Beauty Refinery's pre and post care treatment advice, and all of my questions have been answered.

I also confirm that I am 16 years of age or older.

Name:

Date:

Signature:

DOES THIS APPLY TO YOU?**YES****NO**

- | DOES THIS APPLY TO YOU? | YES | NO |
|---|-----------------------|-----------------------|
| 1. Any Autoimmune condition | <input type="radio"/> | <input type="radio"/> |
| 2. Diabetes | <input type="radio"/> | <input type="radio"/> |
| 3. Cancer (current or historical) | <input type="radio"/> | <input type="radio"/> |
| 4. Haemophilia | <input type="radio"/> | <input type="radio"/> |
| 5. HIV or Aids | <input type="radio"/> | <input type="radio"/> |
| 6. Any communicable disease of the blood | <input type="radio"/> | <input type="radio"/> |
| 7. High or low blood pressure (please circle which one) | <input type="radio"/> | <input type="radio"/> |
| 8. Any type of surgery in the last 12 months | <input type="radio"/> | <input type="radio"/> |
| 9. Any metal implants | <input type="radio"/> | <input type="radio"/> |
| 10. Epilepsy | <input type="radio"/> | <input type="radio"/> |
| 11. Any cuts/abrasions/blisters/verucas/warts/lesions | <input type="radio"/> | <input type="radio"/> |
| 12. Any undiagnosed lumps/lesions/irritations/illnesses | <input type="radio"/> | <input type="radio"/> |
| 13. History of or current herpes simplex (cold sore) | <input type="radio"/> | <input type="radio"/> |
| 14. Botox, fillers, or any injectables | <input type="radio"/> | <input type="radio"/> |
| 15. Sunburn | <input type="radio"/> | <input type="radio"/> |
| 16. Keloid scarring | <input type="radio"/> | <input type="radio"/> |
| 17. History of poor healing | <input type="radio"/> | <input type="radio"/> |
| 18. Hyperpigmentation - brown scar that forms when skin is injured eg insect bite, pimple, burn etc. | <input type="radio"/> | <input type="radio"/> |
| 19. Do you smoke? | <input type="radio"/> | <input type="radio"/> |
| 20. Have you ever been on Roaccutane, Isotane or any acne drug?
If yes, when and for how long? | <input type="radio"/> | <input type="radio"/> |
| 21. Have you ever used any steroid cream on your skin eg Hydrocortisone?
If yes when, where, and for how long? | <input type="radio"/> | <input type="radio"/> |
| 22. Have you ever had IPL or laser? If so what for, and where on your body? | <input type="radio"/> | <input type="radio"/> |
| 23. Please rate your current stress levels from 1 - 10 (10 being highest) | | |
| 24. Is there any other information you can think of that will be relevant to your treatment today or in the future? | | |

2. Facials/peels/microdermabrasion, extractions and electrolysis initial consult

ELECTROLYSIS

HAIR REMOVAL TREATMENT INSTRUCTIONS

1. Do not use any exfoliators ON THE DAY of your treatment e.g. AHAs, BHAs, Ingrown hair treatment, exfoliating mask.
 2. Avoid vigorous exercise, friction, chlorinated water, irritants/fragranced products, hot yoga, sauna, tanning (outside, in a tanning booth or false tan/spray-tanning) or anything that will heat the skin for 24 HOURS after electrolysis.
 3. Inform your therapist if you are using topical retinol, hydrocortisone cream, antibiotic cream or any prescription treatment in the area, and cease use at least 48 HOURS before treatment.
 4. Inform your therapist if you are using , or have ever used any acne drugs e.g. Roaccutane, Orrotane, Isotane or other.
 5. Do not have electrolysis within 1 WEEK of a facial peel, microdermabrasion or paramedical facial or injectables. Speak to your therapist.
 6. Don't tweeze or wax while having electrolysis as this will stimulate hair growth. You can trim the hairs to be treated but they must be at least 2mm long to be treated.
 7. Inform your therapist if you are doing any other sort of hair removal in the area e.g. laser, IPL, depilatory creams or home devices.
 8. Electrolysis heats the hair follicles which can result in redness, minor swelling and in some cases scabbing.
 9. DO NOT pick at or rub the skin. DO NOT apply make up and DO NOT apply active topical products.
 10. DO APPLY antiseptic cream if needed. Beauty Refinery will offer an application of tinted antiseptic post treatment to conceal redness, while can be purchased to use in the following days for \$15.
- Failure to follow these instructions could lead to scarring.

BROKEN CAPILLARY TREATMENT INSTRUCTIONS

1. Do not use any exfoliators for 48 HOURS BEFORE AND AFTER of your treatment e.g. AHAs, BHAs, Ingrown hair treatment, exfoliating mask.
 2. Avoid vigorous exercise, friction, chlorinated water, irritants/fragranced products, hot yoga, sauna, tanning (outside, in a tanning booth or false tan/spray-tanning) or anything that will heat the skin for 48 HOURS after electrolysis.
 3. Inform your therapist if you are using topical retinol, hydrocortisone cream, antibiotic cream or any prescription treatment in the area, and cease use at least 48 HOURS before treatment.
 4. Inform your therapist if you are using , or have ever used any acne drugs e.g. Roaccutane, Orrotane, Isotane or other.
 5. Do not have electrolysis within 2 WEEKS of a facial peel, microdermabrasion or paramedical facial or injectables. Speak to your therapist.
 6. Electrolysis heats the skin which can result in redness, minor swelling and in some cases scabbing.
 9. DO NOT pick at or rub the skin. DO NOT apply make up and DO NOT apply active topical products.
 10. DO APPLY antiseptic cream if needed. Beauty Refinery will offer an application of tinted antiseptic post treatment to conceal redness, while can be purchased to use in the following days for \$15.
 11. DO APPLY a high quality sunscreen after 24 hours on a daily basis to protect the skin and help prevent further broken capillaries. Beauty Refinery recommends Ultraceuticals and can help you choose one.
- Failure to follow these instructions could cause scarring.