

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

- | | | |
|---|-----------------------|-----------------------|
| 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

CURRENT SKINCARE

BRAND & PRODUCT NAME

Sunscreen

AHA, BHA or Exfoliator

Retinol, Retin A, or Retinoid

Cleanser and/or Toner

Moisturiser

Serum or Treatment

Eye Cream

Mask or Other

RECENT FACIAL TREATMENTS - WITHIN LAST 3 MONTHS

TYPE OF FACIAL

WHEN

SKINCARE BRAND

CLINIC

DIET AND LIFESTYLE

Do you have a balanced diet?

Do you take any vitamins or supplements?

Do you take protein powder or bars?

Please list any types of exercise you take and how often:

How do you feel about your skin? What is your main concern?

PEEL & SPECIALTY FACIAL TREATMENTS

PRE-TREATMENT INSTRUCTIONS

1. For Lactic Peels, skin must be prepped with Even Skintone Serum or Ultra Brightening Serum for 2 weeks prior to treatment.
2. Don't use Vitamin A products for 48 hours prior to your treatment.
3. Avoid sun exposure for 48 hours prior to treatment.
4. Use a minimum of SPF30 every day before and after treatment.
5. Avoid facial waxing, electrolysis and depilatory creams for 1 week prior to treatment.
6. Avoid IPL or laser for 4 weeks prior to treatment.
7. Avoid vigorous exercise that will heat your skin and cause sweating on the day of your treatment, before or after.
8. NO injectables for 72 hours prior to treatment.
9. Inform your therapist at time of booking if you are using any kind of skin medication, topical or otherwise.
10. Azyme Peel Facial is not suitable during pregnancy or while breastfeeding.

POST TREATMENT INSTRUCTIONS

1. For 5 days, do not exfoliate or use any active treatment products such as retinol (Vitamin A), AHA, BHA, Vitamin C, enzymes or scrubs.
2. Use only cleanser (Ultra Milk Cleanser preferred), moisturiser and Ultraceuticals Sunscreen.
3. You may experience flaking, crusting and/or minor swelling after your treatment. Do not pick at or rub your skin. For excessive swelling seek medical advice and inform your skincare therapist.
4. Avoid vigorous exercise, heat e.g. sauna, steam, hot showers, or chlorinated water for 48 hours post treatment.
5. Avoid waxing, IPL and laser, electrolysis and depilatory creams for 2 weeks post treatment.
6. NO injectables for 72 hours post treatment.
7. NO sun exposure for 2 weeks following treatment. Use sunscreen and a hat if spending time outdoors. Reapply your sunscreen every 2 hours. Failure to do so may cause sun damage or burn your skin.

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Name:

Treatment:

Signature:

Date: