

Consent For Facial Treatment

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	dermatology derma
			Date	:	2024-02-16

The goal of a Facial treatment as in any cosmetic procedure, is improvement, not perfection. I understand that my results may not be perfect. In the case of a facial treatment, the number of treatments necessary will vary among individuals and the areas being treated.

I understand that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected results.

Is this your first facial treatment? ☐ Yes ☐ No

Is there any specific area(s) that concern you?

Are you presently under a physician's care for any skin condition or other problem?

Are you pregnant or think you may be pregnant? ☐ Yes ☐ No

Are you taking birth control? ☐ Yes ☐ No If yes, what type?

Are you taking hormone replacement medication? ☐ Yes ☐ No If yes, what type?

Do you wear contact lenses? ☐ Yes ☐ No

Do you often experience stress? ☐ Yes ☐ No

Have you been diagnosed with skin cancer? ☐ Yes ☐ No

Are you currently using or have you used in the past any of the listed medications? Circle all that apply.

☐ Azelex
 ☐ Differin
 ☐ Renova
 ☐ Differin Glycolic or ☐ Retin-A
 ☐ Tazarac
 Alphahydroxy Acids

How long did you use the medication circled above?

Do you have any allergies? ☐ Yes ☐ No If yes, what type?

Are you currently taking any medications? ☐ Yes ☐ No If yes, what type and for how long?

Have you ever used Accutane? ☐ Yes ☐ No If yes, for how long?

Do you have acne? ☐ Yes ☐ No If yes, for how long?

Do you experience frequent blemishes? ☐ Yes ☐ No If yes, for how long?

Which of these products are you currently using on your face? Circle all that apply.

☐ Soap ☐ Cleansing Milk ☐ Toner ☐ Scrub ☐ Mask ☐ Cream ☐ Sunscreen ☐ Other

How much plain water do you consume daily?

Have you ever experienced any of the following conditions with your skin? Circle all that apply.

☐ Flakiness ☐ Tightness ☐ Obvious Dryness

Do you ever experience oily shine during the day? ☐ Yes ☐ No ☐ Occasionally

Are you currently having or will soon have your menstrual period? ☐ Yes ☐ No


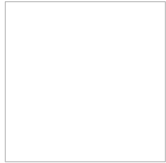
Are you currently having or will soon have your menstrual period? ☐ Yes ☐ No If yes, what type?

Is all the information on your health history form up to date?

☐ Yes ☐ No ☐ If no, please complete a new Health History Form.

I understand that I may have some discomfort, redness and swelling for 2 hours to 7 days, itching or irritation, skin peeling or flaking for up to 7 days after the procedure and I could have possible scarring as a result.

It is my decision to have this treatment and I certify that I have read and have full understanding of the above consent. I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction. I hereby consent to the facial treatment procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. Australia Medical Centre is not responsible for any injury or allergic reaction(s) or any skin abrasions as a result of the services performed on me.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Reshma Siya Date 2024-02-16	Doctor Name dermatology derma - Dermatology (0) Date2024-02-16

