



## CLIENT INFORMATION/MEDICAL HISTORY

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Medications (Prescriptions/over the counter med, vitamins, herbal medications)

\_\_\_\_\_  
\_\_\_\_\_

Drug Allergies \_\_\_\_\_

Major Surgeries/Facial surgeries \_\_\_\_\_

Ongoing facial treatments? (Injectibles/Laser/chemical peels/waxing/facials) \_\_\_\_\_

**Please circle if you have any of the following conditions –**

Heart Disease   Excessive Bleeding   High Blood Pressure   Hepatitis   Skin Cancer   Liver   Disease

Lupus   Auto-Immune Disorders   Diabetes   Neuromuscular Disease   Cold Sores/Fever Blisters

Lidocaine allergy/sensitivity

Pregnant? Y N Breastfeeding? Y N

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

# CONSENT FOR A ENZYME TREATMENT

I, \_\_\_\_\_, give permission to my skin care professional to perform an enzyme treatment.

1. I agree to complete a Skin Consultation. I agree to complete and be truthful about my physical conditions, pregnancy, medications that I may be taking, and my current skin care regimen. I am also aware that my lifestyle, which if it includes smoking, outdoor exposure, tanning beds, excessive alcohol will effect and diminish the effectiveness and result of the treatment.
2. I have disclosed to the service provider any surgical procedures, laser treatments, or facial procedures that I have had.
3. I am not presently pregnant or lactating
4. I have not had any recent chemotherapy or radiation treatments
5. I have not recently waxed on the area being treated today. I do not have a history of keloid scarring, diabetes, any autoimmune disease, active herpes blisters or cold sores.
6. I will refrain from excessive sun exposure and the use of a tanning bed while I am undergoing treatment.
7. I have disclosed to my skin care professional any treatments of any kind that I have received within 14 days.
8. I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary.
9. I understand that the following conditions preclude me from having this treatment at this time and verify that none of these conditions apply to me at this time.

Allergic to citric fruits (oranges, limes, grapefruit, lemons)	Allergic to cocoa, chocolate, and/or raspberry
Allergic to pineapple and/or papaya	History of being