



L A S E R   S K I N   M A K E U P   L A S H E S   B R O W S

## Medical Health History and Skin Care Profile

Help us get to know you a little bit better by kindly filling out the information below. Should you have any questions, please let us know and we would be happy to assist.

General Information				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First & Last Name:			
Email Address:				
Address:				
City:		Province:		Postal Code:
Telephone Number:				
Birth Date:		Occupation:		
Emergency Contact				
Emergency Contact Name:				
Emergency Contact Number:			Relationship:	
Allergies and Skin Conditions				
Allergies and Sensitivities (please list):				
Skin Conditions (select all that apply past or present)				
<input type="checkbox"/> Acne	Indicate Condition:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Cystic
<input type="checkbox"/> Acne scars	<input type="checkbox"/> Rosacea	<input type="checkbox"/> Burn	<input type="checkbox"/> Aging Skin	<input type="checkbox"/> Blackheads
<input type="checkbox"/> Back Acne	<input type="checkbox"/> Chest Acne	<input type="checkbox"/> Eczema	<input type="checkbox"/> Whiteheads	<input type="checkbox"/> Dry skin
<input type="checkbox"/> Moles	<input type="checkbox"/> Lines/Wrinkles	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Freckles	<input type="checkbox"/> Tattoos
<input type="checkbox"/> Sensitive skin	<input type="checkbox"/> Aloe Allergy	<input type="checkbox"/> Stretch marks	<input type="checkbox"/> Sun Damage	
<input type="checkbox"/> Vitiligo	<input type="checkbox"/> Uneven Texture	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Enlarged pores	
<input type="checkbox"/> Dark under-eye circles	<input type="checkbox"/> Keloid scarring	<input type="checkbox"/> Seborrhea (excessive oiliness)		
<input type="checkbox"/> Elastosis (Sagging skin)	<input type="checkbox"/> Hyperkeratinisation	<input type="checkbox"/> Herpes Simplex (cold sores)		
<input type="checkbox"/> Telangiectasia	<input type="checkbox"/> Skin cancer	<input type="checkbox"/> Cosmetic Product Reaction		
<input type="checkbox"/> Cherry Haemangiomas	<input type="checkbox"/> Blistering Sunburns	<input type="checkbox"/> Keratosis Pilaris (skin bumps)		
<input type="checkbox"/> Salicylic/Aspirin Allergy	<input type="checkbox"/> Skin discoloration	<input type="checkbox"/> Hypopigmentation (white spots)		
<input type="checkbox"/> Hyperpigmentation (age spots)	<input type="checkbox"/> Scarring (Raised, depressed or flat)	<input type="checkbox"/> Pseudo Folliculitis Barbae (Ingrown hairs)		

Please list your top 3 skin care concerns in order of priority:

1.	
2.	
3.	

### Sun Exposure

How do you react to the sun?  
 Always burn, never tan       Burn first, tan with difficulty       Burn first, tan with ease  
 Seldom burn, tan with ease       Never burn, always tan

Do you use sun protection?       Yes  No

Do you use self-tanner?       Yes  No

Do you use tanning beds?       Yes  No

If yes, how often?       Weekly       Monthly       A few times per year

Sun Exposure?       Recreational       Occupational       Occasional

When were you last exposed to the sun?       Less than a week       2 weeks       1 month

### Cosmetic Medical History

Are you under the care of a dermatologist?       Yes  No

Reason for treatment?      \_\_\_\_\_

Do you currently use, or have you previously used?  
 Accutane       Hormone replacement therapy       Retinol

If yes, when:      Date:      \_\_\_\_\_

Have you had plastic surgery?       Yes  No

If yes, what procedure:      \_\_\_\_\_      Date:      \_\_\_\_\_

Have you had cosmetic injections?       Yes  No

If yes, what:      \_\_\_\_\_      Body part:      \_\_\_\_\_      Date:      \_\_\_\_\_

Have you had any of the following cosmetic treatments (select all that apply):  
 Hair Reduction       Peels       Laser Resurfacing       Photo facial  
 Face Contouring       Body Contouring       Micro-needling       Microblading

### General Medical History

Do you have or ever had skin cancer?       Yes  No

Date:      \_\_\_\_\_      Where:      \_\_\_\_\_      Type:      \_\_\_\_\_

Please list all current medications:  
\_\_\_\_\_  
\_\_\_\_\_

Please list all relevant surgeries and when:  
\_\_\_\_\_  
\_\_\_\_\_

Please select all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Anxiety depression | <input type="checkbox"/> Arrhythmia    | <input type="checkbox"/> Cancer           | <input type="checkbox"/> Constipation               |
| <input type="checkbox"/> Contact lenses     | <input type="checkbox"/> Crohn's/IBS   | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Pacemaker                  |
| <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Dysrhythmia   | <input type="checkbox"/> Hearing Aids     | <input type="checkbox"/> Heart Disease              |
| <input type="checkbox"/> Hepatitis B or C   | <input type="checkbox"/> HIV           | <input type="checkbox"/> Lupus            | <input type="checkbox"/> Arthritis                  |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> IUD           | <input type="checkbox"/> Thyroid disorder | <input type="checkbox"/> Birth control              |
| <input type="checkbox"/> Pregnant           | <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Menopause        | <input type="checkbox"/> Implants (metal, silicone) |

**Lifestyle**

Have you had children?  Yes  No

How would you rate your stress level?  High  Moderate  Low

On average how much sleep do you get per night?

Less than 6 hours  6-8 hours  More than 8 hours

How would you rate your diet?

Healthy  Poor  Vegetarian/Vegan  Restricted

Please list any dietary supplements or vitamins you are currently taking:

How much of the following do you have each day?

Coffee:		Water:	
Alcohol:		Cigarettes:	

How often do you exercise?

Less than 2 days a week  3 days a week  More than 5 days a week

A complete and accurate health history is important to ensure that it is safe for you to receive treatment and to determine the treatment and products that are most beneficial. Treatment protocol is based solely on the information provided. By signing below, you understand that the information that you have provided above is the most accurate to your knowledge and will be confidential retained exclusively by Beautee Co.

I, additionally declare, that I have not returned from travel outside of Canada in the past 14 days and that I have not been in contact with anyone who is sick or has been confirmed to be sick with covid-19 in the past 14 days. I confirm that my technician will be in close quarters with me and that it is safe to proceed with treatment and that if my Clinician finds that I display any of the following symptoms, cough, fever, shortness of breath, sore throat, runny nose or feel unwell, that the treatment may be terminated immediately and that I will be escorted out of the building to ensure the safety of other clients and staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## DPC Consent Form

For Hair Reduction, Skin Rejuvenation, Pigmented lesions, Vascular lesions, and Acne.  
**\*All patients must sign a consent form before any treatment.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize you to perform a Pulsed Light System procedure. I am aware that these treatments are intended to result in hair reduction, skin rejuvenation, or improvement of pigmented and vascular lesions and acne.

I understand and accept that it is necessary to conduct more than one treatment in order to achieve results. I also accept that it may be necessary to use other manners of treatments, including skin care products, needed to blend color reduce sun damage and more.

The skin treated will be red and swollen for a period of time, with the forming of fine, thin scabs. Keep the treated areas covered with Aloe Vera gel and soothing creams until the thin scabs fall off. This process will take between 1- 3 weeks. It could take as long as 3-6 months in some rarer cases. Do not scratch the scabs, as scarring may result.

We are unable to treat clients who are taking **Accutane** and **Photosensitizing** medications.

Client must fill in a medical history form which must be updated if any changes occur during the treatment period.

### **The following problems may occur with treatment:**

1. Scarring: The pulsed light system can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the intensity (joules) must be just below the blistering point which means that the skin will be red (erythema). There is a risk of scarring in burned skin cases.
2. Hyperpigmentation and hypopigmentation have been noted to occur after treatments, especially with a darker complexion. This usually resolves within weeks, but it can take as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have dark skin, a skin lightening cream may be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure before and after the treatment is crucial to reduce the risk of color change and burns.
3. Infection: Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to individuals with a past history of Herpes simplex virus infections in the area. Should any type of skin infection occur, additional treatment including antibiotics will be necessary.

If you have a history of Herpes simplex virus in the treated area, we recommend preventive therapy.

1. Bleeding: Pinpoint bleeding is rare but can occur following pigmented and vascular lesion treatment procedures. Should bleeding occur, additional treatment might be necessary.
2. Skin tissue pathology: Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for a clearance for the treatment.
3. Allergic reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.
4. Wear sunscreen of SPF 50 or higher before and after treatment to protect your skin. We highly recommend you use sunscreen at all times.
5. I understand that exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times during the treatment session.
6. Compliance with the after-care guidelines is crucial for healing, prevention of scarring, hyper- pigmentation, and hypopigmentation. Occasionally, unforeseen mechanical problems may occur, and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if any inconveniences occur.

### **Acknowledgement**

I authorize you to perform a Pulsed Light System procedure and understand that procedures may be modified to ensure my safety and the safety of others during Covid – 19. I agree that the clinic has taken all the necessary precautions to provide me with a safe treatment and I consent to being in close parameters with my technician in accordance to the measures put in place. I understand that the Clinician reserves the right to terminate the treatment immediately if I show symptoms of feeling unwell.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and understand the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RF Consent Form

**\*All patients must sign a consent form before any treatment.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_ to perform the Radio Frequency System procedure. I am aware that these treatments will probably result in fat/cellulite reduction. I understand and accept that it may be necessary to undergo more than one treatment in order to achieve the desired goal. I also accept that it may be necessary to use other treatments, including skin care products, nutritional consultation, and program physical activity, in order to achieve the best results. I understand that the skin treated will be red and swollen for a while.

I will keep the treated areas covered with Aloe Vera gel and soothing creams until the skin heals. I understand that this process can take anywhere from 3-6 months and that it might take longer in some cases.

Occasionally, unforeseen mechanical problems may occur, and my appointment will need to be rescheduled. I \_\_\_\_\_ will make every effort to notify me prior to my arrival to the clinic.

### Acknowledgment

I authorize you to perform a Radio - Frequency system procedure and understand that procedures may be modified to ensure my safety and the safety of others during Covid-19. I agree that the clinic has taken all the necessary precautions to provide me with a safe treatment and I consent to being in close parameters with my technician in accordance to the measures put in place. I understand that the Clinician reserves the right to terminate the treatment immediately if I show symptoms of feeling unwell.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Julie Kaye and Beautee Co. from all liabilities associated with the above indicated procedure.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



LASER SKIN MAKEUP LASHES BROWS

# Advanced Skin Typing Chart

Customer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Grandparents & Parents Ethnicity: \_\_\_\_\_

Pigment/Hair Density of treatment area: Mild, Moderate, Severe: \_\_\_\_\_

What is your Safe Type: \_\_\_\_\_

Score	Fitzpatrick Scale
0-7	1
8-16	2
17-25	3
26-30	4
Over 30	5-6

Value	0	1	2	3	4	Total
Eye Colour	Light Blue Grey/Green	Blue Grey/Green	Blue	Brown / Dark Brown	Brownish Black	
Natural Hair Colour	Sandy Red	Blonde	Chestnut / Dark Blonde	Brown / Dark Brown	Black	
Natural Skin Colour	Reddish	Very Pale	Pale With Beige Tint	Light Brown	Dark Brown	
Freckles	Many	Several	Few	Incidental	None	
Too Long in Sun	Painful Redness / Blister /Peels	Blistering Then Peel	Burns Some Then Peel	Rarely Burns	Never Burns	
Degree of Turning Brown	Hardly or Not At all	Light Colour Tan	Reasonable Tan	Tans Easily	Turn Dark Brown Very Quickly	
Turn Brown Hours After Exposure	Never	Seldom	Sometimes	Often	Always	
Face Response to Sun	Very Sensitive	Sensitive	Normal	Very Resistant	Never a Problem	
Last Exposure to Tanning / Tan Creams	3 Months Ago	2-3 Months Ago	1-2 Months Ago	Less Than 1 Month Ago	Less Than 2 Weeks Ago	
Sun Exposure to Treatment Area	Never	Hardly Ever	Sometimes	Sometimes	Always	

# HAIR REDUCTION TREATMENT

## Client Compliance Pre-Treatment

1. Discontinue Accutane 6 months prior to treatment
  2. Discontinue use of Retinoic Acid products 2 weeks prior to treatment
  3. Avoid sun exposure, or the use of tanning beds for four to eight weeks (dependant on the skin type of Patient), and self-tanners for at least four weeks, prior and/or in between IPL treatments
  4. Report all skin diseases, viruses, infections, cold sores, eczema or allergies to treating Practitioner
  5. Do not exfoliate, use glycolic acid, benzyl peroxide or any other skin irritants one week prior to IPL treatments.
  6. Avoid Microdermabrasion's, or peels for two weeks prior to treatment
  7. If the skin is red, irritated or sunburned, the IPL treatment must be rescheduled
  8. Report all medication taken within two weeks of the treatment
  9. Avoid depilating for at least 6 weeks prior to your first treatment. Do not depilate with: waxing, sugaring, plucking, threading or hair removal creams before and/or in between IPL treatments. Shaving is permitted and recommended
  10. Discontinue using bleaching creams for 2 weeks prior to treatment and perfumed products (eg. Aromatherapy oils/Essential oils) for 48 hours before treatment
  11. Do not use sun blocking creams within 12 hours of scheduled treatments. Consider wearing protective clothing, cotton gloves for driving, or a hat to protect facial areas
  12. Avoid swimming in strong chlorinated water immediately before an IPL session.
- .....

## Client Compliance Post Treatment

1. Avoid direct sunlight, tanning beds or self-tanners for at least 2-3 weeks after a treatment. Apply Sun Protective Cream of SPF 50+, 15 minutes prior to sun exposure, and 15 minutes afterwards. Keep reapplying as needed throughout the day. Consider using protective cotton gloves for driving, a hat to protect facial areas
2. If there are scabs or blisters, make-up should not be used for 3-4 days
3. Avoid touching, rubbing, peeling or picking of the skin in treatment area, as this may cause hyper/hypo pigmentation, scarring or infection.
4. Gently apply pure Aloe Vera gel or antibiotic ointment to the treated area, twice daily until healed and dry
5. A "cold pack" may be placed over the treated area to reduce swelling and/or discomfort for the first 2-3 days. Discomfort is usually minimal but pain medication can also be taken for pain and swelling if required
6. For 1 week post treatment, avoid: hot baths, showers, hot tubs and saunas. When showering and washing, gently pat dry and do not rub.
7. Avoid strenuous exercise for 24-48 hours following clinical treatment.
8. Avoid swimming in strong chlorinated water 24 hours after an IPL session.

HOT AND HUMID WEATHER CONDITIONS CAN AGGRAVATE SKIN IN THE PERIOD IMMEDIATELY BEFORE AND AFTER TREATMENT.



# SKIN REJUVENATION AND VASCULAR/PIGMENTATION TREATMENT

## Client Compliance Pre-Treatment

1. Discontinue Accutane 6 months prior to treatment
  2. Discontinue use of Retinoic Acid products 2 weeks to treatment
  3. Avoid sun exposure or the use of tanning beds and self-tanners for at least four to eight weeks, prior and/or between IPL treatments (dependant on skin type)
  4. Report all skin diseases, viruses, infections, cold sores, eczema or allergies
  5. Do not exfoliate, use glycolic acid, benzyl peroxide or any other skin irritants for one week prior to treatment
  6. Discontinue using bleaching creams for 2 weeks prior to treatment and perfumed products (eg. Aromatherapy oils/Essential oils) for 48 hours before treatment
  7. Avoid Microdermabrasion's or peels for two weeks prior to treatment
  8. If the skin is red, irritated or sunburned, the IPL treatment must be rescheduled.
  9. Report all medication taken within 2 weeks of the treatment
  10. Avoid strenuous exercise for 24 hours prior to the clinical treatment.
  11. Avoid swimming in strong chlorinated water immediately before an IPL treatment.
- 

## Client Compliance Post Treatment

1. Avoid direct sunlight, tanning beds or self-tanners for at least 2-3 weeks after a treatment. Apply Sun Protective Cream of SPF 50+, 15 minutes prior to sun exposure and 15 minutes afterwards. Keep reapplying as needed throughout the day.
2. Consider using protective cotton gloves for driving, or a hat to protect facial areas
2. If there are scabs or blisters, make-up should not be used for 3-4 days
3. For at least two weeks post Skin Rejuvenation/Vascular/Pigmentation treatment, do not use: harsh topical exfoliations, glycolic acid, benzyl peroxide, acne creams etc.
5. Avoid touching, rubbing, peeling or picking of the skin, as this may cause hyper/hypo-pigmentation, scarring or infection.
4. Gently apply pure Aloe Vera gel or antibiotic ointment, to the treated area twice daily until healed and dry
5. For 1 week, avoid hot baths, showers, hot tubs and saunas. When showering and washing, gently pat dry and do not rub
6. Avoid strenuous exercise for 24 - 48 hours following clinical treatment.
7. Avoid strong chlorinated water for 24 hours post IPL treatment.

HOT AND HUMID WEATHER CONDITIONS CAN AGGRAVATE SKIN IN THE PERIOD IMMEDIATELY BEFORE AND AFTER TREATMENT.

# ACNE TREATMENT

## Client Compliance Pre-Treatment

1. Discontinue Accutane 6 months prior to treatment
2. Discontinue use of Retinoic Acid products two weeks prior to treatment
3. Avoid sun exposure or the use of tanning beds and self-tanners for at least four to eight weeks (depending on the skin type), prior and/or between IPL treatments
4. Report all skin diseases, viruses, infections, cold sores, eczema or allergies
5. Do not exfoliate, use glycolic acid, benzyl peroxide or any other skin irritants two weeks prior to treatment
6. Avoid Microdermabrasion's or peels for two weeks prior to treatment
7. If the skin is red, irritated or sunburned, the IPL treatment must be rescheduled
8. Report all medication taken within the week of the treatment.

## Client Compliance Post Treatment

Avoid direct sunlight, tanning beds or self-tanners for at least 2 weeks after a treatment. Apply Sun Protective Cream of SPF 50+, 15 minutes prior to sun exposure and 15 minutes afterwards. Keep reapplying as needed throughout the day. Consider using protective cotton gloves for driving, a hat to protect facial areas

1. If there are scabs or blisters, make-up should not be used for 3-4 days
2. For at least two weeks post acne treatment, do not use harsh topical (exfoliators, glycolic acid, benzyl peroxide, acne creams etc.)
3. Avoid touching, rubbing, peeling or picking of the skin as this may cause hyper/hypo - pigmentation or scarring
4. Gently apply pure Aloe Vera gel or antibiotic ointment to the treated area twice daily until healed and dry
5. For 1 week, avoid hot baths, showers, hot tubs and saunas. When showering and washing, gently pat dry and do not rub
6. Avoid strenuous exercise for 24 hours following clinical treatment.

HOT AND HUMID WEATHER CONDITIONS CAN AGGRAVATE SKIN IN THE PERIOD IMMEDIATELY BEFORE AND AFTER TREATMENT.

## Always additionally recommend:

- a) To avoid Sun exposure for 4 – 8 weeks prior to IPL
- b) To always be wearing sun protection!
- c) To avoid any heat 48 hours prior to, or 48 hours after IPL treatments (no cooking, dishes, vigorous cleaning ... etc.)
- d) Avoid strenuous exercise or any activity which will cause sweating or excessive heat to the skin
- e) Avoid sauna's ... hot tubs before and after treatments
- f) Avoid alcohol 48 hours prior to, or 48 hours after IPL treatments
- g) Avoid make up, antiperspirants or any topical creams which may not allow for the skin to properly breath, 24 hours post treatments
- h) Always encourage Clients to keep us informed on any changes to their medical history forms, or any new medications they may be taking

# RADIO FREQUENCY TREATMENT

## Client Compliance Pre-Treatment

1. Discontinue use of Retinoic Acid products, and avoid the use of exfoliants, glycolic acid, peels, benzoyl peroxide, microdermabrasions, or any other skin irritants, 1 week prior to treatment
  2. Avoid sun exposure or the use of tanning beds, 1 week prior to treatments
  3. Report all NEW medications, skin diseases, viruses, infections, cold sores, eczema and/or allergies
  4. Report all medications taken within 1 week of the treatment
  5. If skin is red, irritated or sunburned, the RF treatment must be re-scheduled
  6. Advise your Aesthetician if any new metal implants, or any other aesthetic implants and/or fillers of any kind, have been placed in the treatment area.
  7. Advise Aesthetician if there is a chance you may be pregnant
- .....

## Client Compliance Post Treatment

1. Avoid direct sun exposure 48 hours post treatment, apply sun protection SPF 50
2. Gently apply Aloe Vera gel to sooth the treated area, keep it well hydrated and nourished
3. Avoid any additional heat post treatment, for a period of 48 hours
4. For 48 hours, avoid hot baths, hot showers, hot tubs or sauna's, ect
5. You should also resume a non-strenuous regular exercise program, but please don't over excerpt yourself for 48 hours post treatment. A 45 minute leisurely walk is highly recommended!! J
6. Drink lots of water immediately post treatment (1 Litre), and regularly 8 – 12 glasses of water daily
7. It is highly encouraged to explore a healthy diet program that suits your personal health and weight goal interests

HOT AND HUMID WEATHER CONDITIONS CAN AGGRAVATE SKIN IN THE PERIOD IMMEDIATELY BEFORE AND AFTER TREATMENT.

The treatment should not interfere at all with normal life activities