



CONSULTATION FORM

PLEASE PRINT CLEARLY

Name: Address: City: Postal Code: Gender M/F: DOB: M/Y: Reason for visit:

Date: E-mail: Home phone: Cell phone: Occupation: Referred by:

Please check the following about your MEDICAL HISTORY: [pls enter N/A if answer is no]

- Current medication, pain killers, & antibiotics
Fertility Drugs or potential of pregnancy
Blood thinners (Aspirin, Heparin, Coumadin)
Sun sensitivity
Previous laser or peel treatments
Sun exposure in the last 4 weeks
Self-Tanner or Aromatherapy
Chlorine Pools
Currently using/ have used (please circle): Accutane/ Glycolic Acid, Retinoic Acid, Hydroquinone, Cortisone cream, Gold
Cold Sores
Metal Pins, Plates, or Implants
Dental Work (excessive-metal or fillings)
Diabetes
Menopausal
Menstrual irregularities
Personal or family history of cancer
Autoimmune Disorder
Recent Surgery
Allergies
High Blood pressure or meds
Gold Therapy or Vita A injections
Electrical device or pacemaker
Dermal fillers or Botox
Blood clotting
History of keloid scars
Migraine or Seizure Disorders triggered by light
Hormone problems
Any other medical concerns

CURRENT SKIN CARE REGIMEN:

Please list the name & brand of products that you are currently using:

- Cleanser
Toner
Scrub
Sunscreen
Moisturizer
Other

Client's Signature

Technician Signature

CHAKRAYK ESTHETICS CONSENT FORM

I, _____ hereby duly authorize **CHAKRAYK ESTHETICS TECHNICIAN / CARLA WALLIS** to perform cosmetic procedures on me using lasers and other medical devices, skin resurfacing, hyper pigmentation/sun damage/Melasma, microneedling [collagen induction therapy], microdermabrasion, microplaining, vascularity issues, advanced facials or facial treatments and products used to treat the skin, skin tightening, deep exfoliations, chemical peels, cellulite reduction, Light therapy treatment, micro blading, permanent makeup, acne improvement, skin exfoliation or teeth whitening, brow waxings, threading, hennas, laminations, lash perms, lifts or coloring, artificial get or acrylic nails, manicures, pedicures or any other aesthetics offered. I understand that results vary from patient to patient, I am not guaranteed that I will see the effects of marketed results and I understand that each treatment varies person to person and depending upon my skin type, my specific skin issues or skin colour, severity of condition being treated or realistic expectations of an individual, that I may have different results than normally typical and may require a shorter or longer period or a series of treatment to obtain the results I hope to achieve and that this may also not be guaranteed due to my personal intrinsic DNA factors.

I recognize that collagen induction therapy and laser cosmetology is not an exact science and I acknowledge that no guarantees or assurances have been made to me as to the result or cure. I understand and acknowledge that the risks that may occur in connection with this particular procedure may include the following:

- **For Microneedling/Dermaneedling/Dermaplaning:** normal side effects (redness, swelling, itchiness and dryness) and although rare, abnormal side effects (prolonged redness, itching & swelling, allergic reaction, colour change, discomfort, and scarring)
- **For Microdermabrasion / Chemical Peel / Cold Laser:** normal side effects (redness, swelling, itchiness and dryness) and abnormal side effects (bruising, scabbing, hypopigmentation, hyperpigmentation)
- **For Laser Skin Resurfacing:** normal side effects (discomfort similar with an intense sunburn sensation, redness or prolonged redness, swelling, itchiness, dry skin for a week while exfoliating) and abnormal side effects (hyperpigmentation, hypopigmentation and skin texture change). Very rare side effects are: allergic reactions, infection (if the appropriate post treatment care is not used) and permanent scarring
- **For Spider Vein Removal and Pigmented Spots Removal:** normal side effects (redness, swelling, scabbing, intense discomfort while treatment is performed, post inflammatory hyperpigmentation) and abnormal side effects (hypopigmentation, blistering and scarring)
- **For Cellulite Reduction / Body Reshaping:** there is a possibility of short term (few minutes to few hours) adverse effects such as heating sensation, redness and dry skin. Burns may occur in very rare situations
- **For Teeth Whitening:** normal side effects (tingling or slight sensitivity, slight gum blanching) and abnormal side effects (irritation, bleeding gums if you have decay, significant enamel calcification, gum disease in which case the whitening treatment is postponed until these issues solved by a dentist)

I understand that I must inform the technician about changes in my general medical condition, medication I take and recent sun exposure (including tanning beds or tanning creams) prior to EACH treatment as this could affect my treatment. I understand the technician will determine the treatment settings depending on certain criteria including my medical history, skin color, hair type and hair density to attempt to treat me with minimal damage to the skin. _____

I also understand that use of tanning beds and or sun exposure without a sunblock with SPF at least 30 in between peel/microdermabrasion/ laser treatments will nullify the results achieved, and worse, can cause severe burns. _____

I understand that ANY of the following are present, I should NOT be treated: latent or active skin condition such as **eczema, psoriasis, uncontrolled diabetes, epilepsy, porphyria, hemophilia, dark large moles, dermatitis, skin tumours/cancer, hypo pigmentation, history of keloids, Herpes (cold sores) unless treated with an antiviral medication prior and after the treatment.** _____

I understand that the laser produces an intense burst of light, which is normally absorbed by a target (hair follicle or hyper pigmentation or spider veins or water contained in the skin) _____

I understand that if I am under radiation/chemotherapy or taking ACCUTANE (or any generic equivalent) skin exfoliation and laser treatments will be postponed for at least 6 months. _____

I am **NOT** currently undergoing chemotherapy, radiation treatments or **using anti-cancer drugs at this time.**_____

I do not have permanent tattooed makeup (eyeliner, brow liner, lip liner), or I have notified the technician esthetician about that. _____

I informed the technician esthetician about neuromodulators (Botox) or fillers (Juvederm, Restylane, Perlane) injected in my face as this might be a contraindication for some Medispa treatments AND that it's been at least **2 months post treatment** of if I have. _____

I understand there may be a risk of triggering a seizure in those prone to seizures. I understand there may be risks that are not yet known with this procedure. I accept all risks associated with the laser procedure(s) due to any cause whatsoever. _____

I am not pregnant at this time and I will inform **Chakrayk Esthetics** as soon as I know that I am pregnant or in doubt to be pregnant. I understand that in the event I become pregnant, my treatments will be suspended and may resume after delivery. _____

I give the permission for my patch test and for photographs to be used to help document my treatment course. Complete confidentiality will be maintained. _____

Chakrayk Esthetics and I will wear protective eyewear during the treatment to prevent damage to the eyes from this intense light. _____

I received a copy of Pre and Post-Treatment Instructions and I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring, side effects and complications and that if I **DO NOT** follow post procedure instructions it will affect my healing and final results. _____

I certify that I am a competent adult at least 19 years age. If I am a minor under 19 years of age, I understand that the consent of my parent/legal guardian will also be required before the treatment. _____

For Microdermabrasion/Chemical Peel/Laser Tattoo Removal/IPL/ Pigmented Spot or Vein Removal/Skin Tightening/Laser Facial/Laser Resurfacing/Micro and Dermal-needling on face and body:

I understand that this is a treatment that requires 1 week to heal properly and several weeks to show the skin improvement, and that I may need several treatments in order to achieve my best results. _____

I understand that good home regimen, specific cosmeceuticals (post treatment creams), sunscreens and adherence to all pre and post instructions are vital to ensure my best results. _____

I have not received any chemical hair treatments (permanent wave, straightening, relaxers, coloring or bleaching) several days prior to this service. _____

24 Hour Cancellation and “No Show” Fee Policy:

Recognizing that everyone's time is valuable and appointment availability is limited, we ask that you please provide 24-hour notice if you are unable to keep your appointment. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care.

Cancellation / Change Policy – We have a standard 24-hour cancellation / change Policy for all services. If you need to cancel or make a change to your apt it must be done *with more than 24 hours notice*, your payment will be applied to your account as a credit and will be put towards your re-scheduled appointment or another service of equal value - You will **NOT** receive a cash refund! You can however, request a gift certificate for this value as well. Pls contact us to discuss this option.

**** If you need to make any changes to your appointment, you must provide a minimum of 24 hours notice to avoid a 50% service charge applied to your account. [No exceptions] [contacting us 20 hours or 12 hours prior to your apt to make changes is not considered acceptable notice.]**

**** If cancellation happens within 24 hours of your appointment, your payment will be FORFEITED! If you cancel, you cancel. You will not be issued any refunds.**

I also understand and have read and agree to Chakrayk Esthetics **FULL** booking policies as listed on the main website at www.chakrayk.ca . _____

IMAGES AND AUDIO RELEASE:

I authorize Chakrayk Esthetics to create photographs, videos and audio recordings to use for social media purposes, including Facebook, website, Instagram and any other social media source. I understand that Chakrayk Esthetics owns all copyright to these materials. I hereby release Chakrayk Esthetics from any and all claims of any nature whatsoever which now or may hereafter are in connection with these recorded materials, including, but not limited to, claims based on defamation, copyright infringement, trademark infringement, or infringement of my right of privacy or of my right to publicity. _____

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Parent/Guardian Name: _____

Signature _____

(If the client is under 18 years of age)

Date _____

Witness _____

Fitzpatrick Skin Type

To help ensure a safe and successful treatment please fill out the form below. It is necessary to determine the appropriate settings for your skin type.

Genetic Disposition

SCORE	0	1	2	3	4	TOTAL
Eye colour	Pale Blue, Green or Gray	Medium Blue, Green or Gray	Light Brown	Dark Brown	Dark Black	
Hair colour	Red	Blonde	Dark Blonde/Med. Brown	Dark Brown	Black	
Untanned skin colour	Pinkish	Pale	Pale with Beige	Light Brown	Dark Brown	
Freckles	Several	Many	Few	Incidental	None	
					Sub Total=	

Reaction to Sun Exposure

SCORE	0	1	2	3	4	TOTAL
What happens when you're in the sun without SPF for a few hours?	Blistering, Peeling	Blistering followed by peeling	Burns sometimes peels	Rare burns	Never burns	
To what degree do you turn brown/tan?	Hardly or never	Light colour Tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown with several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun	Very sensitive	Sensitive	Normal	Very Resilient	Never had a problem	
					Sub Total=	

Tanning Habits

SCORE	0	1	2	3	4	TOTAL
When did you last expose your body to the sun, tanning bed or tanning cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
Did you expose the area to be treated to the sun recently?	Never	Hardly Ever	Sometimes	Often	Always	
					Sub Total=	

Add up the total scores for each of the three sections for your Skin Type Score.

Summary

Total for **Genetic Disposition** _____
 Total for **Reaction for Sun Exposure** _____
 Total for **Tanning Habits** _____
TOTAL OF ALL 3 _____

<u>SKIN TYPE SCORE</u>	<u>FITZ SKIN TYPE</u>
0-7	I
8-16	II
17-25	III
25-30	IV
30+	V-VI

I, _____, have read and understand all parts of the above skin analysis and evaluations.

Client Signature: _____ Date: _____

Staff performing the analysis/evaluation: _____ Date: _____

**Signing this section IS NOT A WAIVER, BUT A CONFIRMATION THAT ALL PARTIES UNDERSTAND INDIVIDUAL skin types. Note – this questionnaire is intended as a guideline for skin typing. Final analysis of skin type should be determined by your skin care professional.*

WAIVER FOR CHAKRAYK ESTHETICS SPA SERVICES

In consideration of my participation in ANY OR ALL ASTHETICS, NAILS, COSMETIC, PERMANENT MAKEUP OR BEAUTY SERVICES with **CHAKRAYK ESTHETICS, CARLA WALLIS**, I hereby release, discharge and covenant not to sue **CHAKRAYK ESTHETICS, CARLA WALLIS** located at **137 HAENER DRIVE YELLOWKNIFE, NT X1A** its directors, officers, employees and agents from liability from any and all claims including negligence of the SPA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the spa service.

I understand that the above described service(s) shall be solely for the purpose of _____ (describe, e.g. cosmetic enhancement). The aesthetician does not diagnose illness, disease or other physical or mental disorders, or prescribe medical treatments of pharmaceuticals.

I have stated all known medical conditions, and have consulted a physician regarding checked or prescribed conditions, and I shall update my aesthetician with any changes in my health, and my aesthetician shall not be liable should I fail to do so.

I hereby understand that my participation in the salon service shall carry certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. Risks may include, but are not limited to, minor injuries such as bruises, scratches, skin irritation and minor bleeding, major injuries such as eye injury, loss of sight, infection, heart attacks, and concussions, and catastrophic injuries such as paralysis or death.

I hereby state that my participation in this salon service is voluntary, and I assume all such risks. I shall indemnify and hold harmless **CHAKRAYK ESTHETICS, CARLA WALLIS** and the Spa, their respective directors, officers, employees, agents, representatives, insurers, successors and assigns, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including legal fees brought as a result of my participation in salon service(s), and shall reimburse them for any such expenses as incurred.

If any part of this waiver shall be held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have hereby read and understand this waiver and release the Salon, its directors, officers, staff, aestheticians and practitioners from any and all liability, past, present and future relating to salon services. I am giving up substantial rights, including rights to sue, and I acknowledge that I am signing this waiver voluntarily.

DATED at _____ this ____ day of _____, _____.

Client Signature

Client Printed Name

If client is under the age of 18, parent/guardian must sign below:

Name (printed): _____

Agreed to by: _____ Date: _____

Signature