

How did you hear about us:_____

**HEALTH INFORMATION, CONSENT & AUTHORIZATION FOR TREATMENT.
HOLD HARMLESS & RELEASE TO MICRO CURRENT & ELECTROLYSIS
SERVICES FOR TREATMENT**

Full Name _____

Phone _____

Email _____

Address _____

City _____ Zip _____ Birthday _____

Emergency Contact _____ Phone _____

Life Style - list only - none, light, moderate, heavy

Exercise _____ Alcohol Intake _____ Smoking _____ Caffeine _____ Salt _____

Any of the above may affect your sensitivity to treatment and medications.

Please answer **yes or no** all of the following questions:

Do you have or have you had any of the following conditions' in the past 12 months?

Any plastic surgery _____ What kind _____ when _____

Silicone Implants _____ When _____ Whe _____ Fillers _____ which

ones _____ where Any Laser Procedures _____ What For _____ When _____

Heart Condition _____ Medications for heart or blood pressure _____

_____ Pacemaker _____ Any heart device _____

Do you have seizures? _____ Epliepsy? _____ Meds _____

Cancer _____ What kind _____ When _____ Meds _____

Muscular conditions _____ Multiple Sclerosis _____ Muscular Dystrophy _____

Other Chronic Inflammatory conditions _____ Meds _____

Other Chronic Conditions requiring monitoring or constant medications _____

Diabetes _____ How long _____ Insulin _____ Pills _____ Diet _____

Are you pregnant? _____

Allergies _____ kind _____ Meds _____

List all Skin Conditions/Inflections/Inflammatory conditions, skin cancers.

Etc. _____ or anything that would slow your skin's ability to heal? _____

I have been informed of the particulars of the Micro Current Treatment/Micro Derm Treatment/ Electrolysis/ or any other treatment to be performed by a licensed practioner specializing in these treatments at Micro Current & Electrolysis Services Spa. I certify that the above statement(s) are true and correct and that I wish to have said treatment(s) or a combination of treatments by Micro Current & Electrolysis Services Spa. I hereby authorize and consent to said treatments and further agree to hold harmless Micro Current & Electrolysis Services Spa any their agents or practioners from any and liability in relation to said treatments now, or in the future, and release them for any responsibility for damages or claims now, or in the future, resulting from claims relating to services performed.

It is understood that this CONSENT is being given in advance to any treatment(s) or procedure(s). I will no hold Micro Current & Electrolysis Services Spa liable for any product liability or any other liability as I realize that the numbing cream for the electrolysis procedures is manufactured by another company not controlled or affilated with Micro Current & Electrolysis Services Spa. My signature below acknowledges that I have read, understand and agree to the foregoing. I also acknowledge that the proper care instructions have been given to me that apply as Pre/After Care in relation to these treatment(s) as they may that apply.

Client Signature _____

Dated _____