



Dermaplane

☐ Name _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email Address _____

Birthday _____ How did you hear about us? Friend Google Facebook SpaFinder Other _____

Are you currently taking any blood thinning medication? **No Yes**

Have you used any Alpha Hydroxy Acid, Glycolic, Retin-A or Retinol products in the past 72 hours? **No Yes**

Are you using any topical medications or skin lightening products? **No Yes, _____**

Have you or do you plan on spending time in the sun? **No Yes**

Post Dermaplane Instructions for 48 hours

- **No direct sun**
- **No exfoliation**
- **Use a Zinc Oxide based sunscreen to prevent hyperpigmentation & sunburn**
- **Avoid the use of Retin-A, Retinol, Renova, Alpha or Beta Hydroxyl Acid products**
- **Avoid swimming and tanning beds**

Dermaplaning uses a blade to gently exfoliate the outer layer of dead skin cells and remove fine facial hair commonly known as "peach fuzz". This procedure produces an immediate more radiant appearance. Following this treatment, makeup application is smoother and other skin products penetrate deeper making them more effective.

I acknowledge that no guarantee has been given regarding the condition of my skin or the percentage of improvement expected following treatment. I understand that no specific results are guaranteed.

My signature below acknowledgement that I have read and understand the foregoing informed consent and agree to the treatment with its associated risks.

I hereby give consent to perform a Dermaplane treatment. I agree to hold harmless Organic Skin & Body for any adverse reactions due to omitted information and/or misinformation on the Client Profile and/or from actions which deviate from pre- and post-care procedures.

Client Signature _____ Date _____



Dermaplane

How would you describe your skin? Normal Dry Oily Combination Sensitive

What concerns do you have with your skin or what would you like to prevent?

Fine Lines Dehydration Oil Control Rosacea Broken Capillaries Redness Sensitivity

Texture Sun Damage Acne Blackheads Scarring Eye Puffiness Eye Dark Circles Skin Tags

What is your skincare regimen at home?

Cleanse Tone Exfoliate Masque Serum Oils Moisturize Eye Care Lip Care SPF

Do you prefer a gentle or active exfoliant? Gentle Active

Do you prefer a matte, medium or dewy moisturizer? Matte Medium Dewy

Have you received or used any recent Waxing, Chemical Peels, Injectables, Accutane, Retinol or Retin-A?

Do you have any medical conditions or concerns that need to be brought to your Aesthetician's attention?

Please note that some Éminence Organic Skin Care masques and treatments cause a tingling, active, hot, nettle sensation for a short time while the herbs and spices are creating a stimulating effect. This is not an allergic reaction. This sensation will calm down and decrease to normal in 15-30 minutes, depending on the skin type. Your face will be rosy and red during the stimulating process, diminishing into a very healthy glow after about an hour. I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature _____ Date _____