



## Medical History

Form Date \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you presently have or previously had any of the following:** (Circle **YES** or **NO**)

YES NO Botox

YES NO Diabetes

YES NO Lip Fillers/Restylane/Juve derm YES, NO Cold Sores/Fever Blisters ever? YES, NO

Blepharoplasty (Eyelid surgery) YES, NO Hepatitis (A, B, C, D)

YES NO Brow lift.

YES NO Easy bleeding.

YES NO Face lift.

YES NO Alcoholism

YES NO Eye surgery/injury/Corneal abrasion.

YES NO Abnormal Heart Condition

YES NO Contact Lenses now.

YES NO Chemical Peel (last treatment \_\_\_\_\_)

YES NO Pregnant now/Breast feeding now.

YES NO Brow or Lash tinting.

YES NO Oily Skin

YES NO Accutane or acne treatment.

YES NO Tan by booth or sun.

YES NO Difficulty numbing with dental work.

Initials \_\_\_\_\_



## **Medical History cont....**

YES, NO Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc.

\_\_\_\_\_

YES, NO Allergic reaction to any medications such as Lidocaine, Benzyl alcohol, Vitamin E Acetate, etc.

LIST \_\_\_\_\_

YES, NO Allergies to metal, food, etc.

LIST \_\_\_\_\_

YES, no diseases or disorders not listed.

LIST \_\_\_\_\_

YES NO Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?

Please list medications or vitamins you are presently taking:

\_\_\_\_\_

I agree that all the above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## AVATAR LIFTING THERAPY CONSENT FORM

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to perform Avatar Lifting Therapy

Eyes \_\_\_\_\_ Neck \_\_\_\_\_ Mouth \_\_\_\_\_ Other \_\_\_\_\_

I understand that this procedure is purely elective. What to Expect:

- Depending on the area of your face or body being treated, the procedure is well-tolerated and, in some cases, virtually painless, feeling only a mild prickling sensation.
- The professional will apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
- Your skin will be pink and brown in appearance, much like an avatar, the following 4 days.
- Swelling will occur on the next two days when done on eyes.
- Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

### Possible Side-Effects:

- Side effects or risks are minimal with this type of treatment and typically include flaking or dryness of the skin with scab formation that will fall off totally within 7 days.
- Hyper-pigmentation (darkening of certain areas of the skin) can occur due to sun or heat exposure, after the scab have fell off, is very rarely and usually resolves after 2 months with the application of a hyper - pigmentation product.
- If you have a history of cold sores, this procedure may cause flare ups. NEED MEDS
- Temporary redness and mild-sunburn effects may last up to 4 days.

Freckles may temporarily lighten or permanently disappear in treated areas.

Other potential risks include crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.

