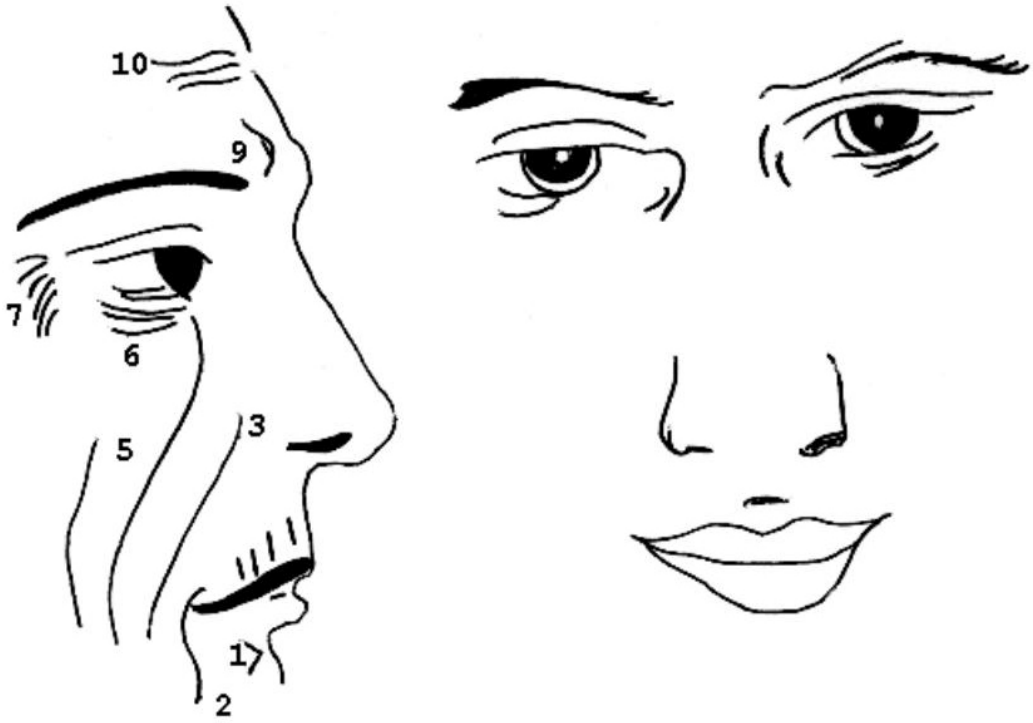
NAME: _____

DATE: _____

Please designate areas of your concern and make any notations you feel are necessary.



1. Chin Line: ☐
2. Smile Line: ☐
3. Laugh Line: ☐
4. Cheek Line: ☐
5. Jaw Line: ☐
6. Energy Line: ☐
7. Crows Feet: ☐
8. Pursing Lines: ☐
9. Concentration Line: ☐
10. Forehead Lines: ☐

CONTRA-INDICATIONS & CONSENT FORM

Please answer all the following questions

	Yes	*No*
Pacemaker?	☐	☐
Pregnancy?	☐	☐
Cancer?	☐	☐
Epilepsy?	☐	☐
Heart Conditions?	☐	☐
Diabetes?	☐	☐
Inflammation / Infections?	☐	☐
Tumours?	☐	☐
Varicose Veins?	☐	☐
Recent operations?	☐	☐
Recent scar tissue?	☐	☐
Allergy-rubber / metals?	☐	☐
Lack of normal skin sensation?	☐	☐
Thrombosis / Phlebitis?	☐	☐
Retin A?	☐	☐
Roacutane?	☐	☐
Metal implants / screws?	☐	☐
Prosthesis / silicone?	☐	☐
High blood pressure?	☐	☐
Skin diseases?	☐	☐
Multiple sclerosis?	☐	☐
Muscular condition?	☐	☐
Botox / Collagen injections	☐	☐
Anti-Depressants (Except Prozac)	☐	☐

Name: _____

Address: _____

Phone Number: _____

Email: _____

CONSENT & AGREEMENT

I Certify that the above statements are true and correct, and that I have been advised and fully informed by CACI Club concerning the nature of the treatment process proposed, to be administered by them, hereby authorize and direct them to administer such procedures as may be deemed necessary or advisable. My signature below constitutes my acknowledgement that (1) I have read, understand and fully agree to the foregoing consent; (2) the proposed treatment process has been satisfactorily explained to me and I have all the information which I desire and (3) I hereby give my consent and authorization and release this establishment and its agents of any claims that I have in the future in connection with the described treatment.

Client's signature…….Date……
Therapist's signature…….……Date……

CONSULTATION

Name: _____
Date: _____ *Age:* _____

Do you take nutritional supplements? List: _____

_____

Have you had previous cosmetic improvements or facial surgery? List: _____

_____

Alcohol intake: _____

Smoking: ○ Yes ○ No How many per Day? _____

Salt intake: _____

Sun (sunbed) & weather exposure: _____

Skincare product line: _____

Skincare routine: _____

Makeup line: _____

What area of your face or body are you most concerned about? _____

What type of exercise do you do and how often? _____

How much sleep do you get at night? _____

How much water do you drink each day? _____

How many soft drinks? How much tea and coffee? _____

Sugar intake? _____

Do you eat fresh fruits and vegetables each day? Amount & type? _____

_____

What is a normal day like for you? _____

What special things do you do just for you and how often? _____

_____

Hobbies and Recreation: _____

Comments: _____

_____

Some clients may require additional treatments due to age, general health, lifestyle, and the state and condition of their skin. A maintenance treatment is recommended on a regular basis. The average schedule for this is once every one to three months. Photos will be taken throughout the program. These will be kept confidential and remain a permanent part of your file. Client acceptance is reserved for the technician after consultation and consideration of all obtained information.

Signature: _____ *Date:* _____

Interviewer: _____ *Date:* _____

Release and Consent Agreement

I authorize CACI Club and staff to take and keep photographs of me before, during, and after any procedures. I further agree that CACI Club may use the negatives or prints made from such photographs for such purposes and in such manner as he may deem appropriate. My name will not be used unless I specifically agree that it may be used. **I also understand that these photos may be used for purposes including, but not limited to, educating future patients and in possible publications and promotions and that such use may be accomplished in any manner CACI Club wishes, with the exception of the following: _____ .**

I have entered into this agreement willingly and hereby waive any right to compensation for such uses as CACI Club may determine. I also state that I and my successors or assigns hereby hold CACI Club staff harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement. The term "photograph" or "photo" as used in this agreement shall mean motion picture or still photography in any format as well as, videotape, video disc, and any other mechanical, digital or electronic means of reproducing images.

I understand as well that there are **no refunds** after the first CACI treatment. Midway through the first procedure a CACI Club esthetician will show the client half of their face that has undergone the CACI procedure and ask if they wish to continue. If the client continues to proceed with the procedure the refund is void.

My name may be used as a reference to be given out to future patients. ○ **YES** ○ **NO**

Print Name: _____

Patient's Signature: _____ Date: _____

EMAIL: _____ under 18 years of age? ○ **YES** ○ **NO**

Parent's signature if minor child: _____

I hereby give CACI CLUB the unqualified right to take pictures of me for inclusion in any medical records. However, **I DO NOT GIVE** CACI CLUB the right to use these pictures in portfolio/website/training of any sort.

Print Name: _____

Guardian's Signature: _____ Date: _____

Photographer/ Videographer: _____

Likes	
Dislikes	
Areas To Avoid	
Notes	
Customer's Feedback	

Please Leave Blank. To be filled out by aesthetician only

Save Form | Print Form | Submit form