

HydraFacial Keravive Treatment Consent Form

HydraFacial Keravive is a unique, relaxing treatment designed to cleanse, stimulate, nourish, and hydrate the scalp for fuller and healthier-looking hair. As with most procedures, visible results from HydraFacial Keravive will vary from person to person.

WHAT TO EXPECT

- Your scalp may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on scalp sensitivity.
 - You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
 - Client experiences may vary. Some clients may experience a delayed onset of symptoms.
 - The combination of in-office cleansing, exfoliation and hydration, and daily use of the take-home spray improves circulation and nourishes the hair follicles for thicker, shinier, healthier-looking hair.
 - The scalp can be susceptible to sunburn/ sun damage. Avoid excessive sun exposure and use a minimum of SPF 30 sunscreen.
 - It is recommended to have HydraFacial Keravive in-office treatment once a month for 3 consecutive months with continuous daily use of the take-home spray throughout.
- **Do you have any of the following?**

	Yes	No
An autoimmune disease such as HIV, lupus, hepatitis, scleroderma		
Scalp conditions such as eczema, dermatitis or rashes		
An active infection in the treatment area		
Melanoma or lesions suspected of malignancy		
Active sunburn		

Pregnancy or lactation		
Anticoagulants Therapy		
Neurological disorders such as epilepsy		
Infection in the urinary system including kidneys, bladder and urethra		
Crohn's Disease		
Hyperthyroidism		
Deep Venous Thrombosis		
Lymphedema		
Open lesion		
Active acne/inflammatory acne		

- **Have you recently?**

	Yes	No
Used Minoxidil (Rogaine) or similar topical medications or non-medical treatments		
Color-treated your hair or added extensions		
Used Propecia or any other medications or supplements		
Received a PRP treatment or hair transplant		

By checking the boxes, I acknowledge the following:

- Photos may be taken before, during and after the HydraFacial Keravive Treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information and I give my consent to have the HydraFacial Keravive treatment by the staff at Plumb + Pine salon.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial Keravive treatments. I will alert the staff if there are any future changes to my medical history.

Date: _____

Print Name: _____

Signature: _____