

# geneo

## CONSENT FORM

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

This form is designed to provide you with information on making an informed decision regarding your treatment using the GENEEO system. If you have any questions, please do not hesitate to ask a member of our staff. Please check Yes or No boxes. Color coded contra-indication list below (print in color).

### OxyGeneo

### Ultrasound

### All Handpieces

Pregnant or nursing?  Yes  No

Under the age of 18 years old?  Yes  No

Metal implants in treatment area (not including dental implants or fillings)?  Yes  No

Pacemaker, internal defibrillator, implanted Neurostimulators or any other internal eclectic system?  Yes  No

History of skin disorders, keloid scarring, abnormal wound healing, or very dry skin?  Yes  No

Impaired immune system due to Immunosuppressive disease such as AIDS or HIV, or use of immunosuppressive medication?  Yes  No

Fresh tan within the last 3 days?  Yes  No

Coagulopathies, vascular or bleeding disorders, telangiectasia, varicose veins, thrombosis, phlebitis in the treatment area?  Yes  No

Current history of skin cancer, neoplastic tissue, pre-malignant moles, cyst, abscesses or other?  Yes  No

Known allergies to cosmetics, products, or experience allergic reactions live hives?  Yes  No

Using Accutane or retinol products?  Yes  No

Last use of the above products: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Any aesthetics, ablative, surgical, invasive procedure (plastic/cosmetic surgery), skin resurfacing, chemical peel, dermabrasion, any fillers or botox?  Yes  No

# geneo

## CONSENT FORM

Last date of the above cosmetic procedures: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Severe concurrent disease such as un-controlled diabetes, nervous diseases, or cardiac disorder?  Yes  No

Active eczema rash, fragile skin, swollen, rosacea, dermatitis, psoriasis, herpes simplex, or burnt skin?  Yes  No

List all skin care products or over the counter medications:

-----  
-----

Please review the following:

- I understand there may be some degree of minor discomfort, i.e., scratches or itchiness.
- I understand there are no guarantees to this procedure.
- I understand that to achieve maximum results, I will need several ongoing treatments and will need to use a daily product over a period of time.
- I understand that the possibility of irritation and redness exists and that I should notify my skin care professional when irritation persists.
- I will follow the home care program specifically designed for me without changing or adding any products without consulting with my skin care professional. I will have this treatment performed on me and will follow all prescribed directions above.
- I have read the pre and post instruction sheet and I agree to all the above.
- I agree to have my before and after photo(s) released to my provider and Geneo?  Yes  No

My questions have been answered by the staff to my complete satisfaction. I accept the risks and complications of the procedure.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness Initials: \_\_\_\_\_