Thank you for your interest in the Beautiful Image Micro-Current Face Lift. Please fill out the information requested below completely and accurately.

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Contraindications that could prevent a facial treatment from being performed:

Facial Cancer: NOTE: Cancer can spread through the lymphatic system, and because massage increases lymphatic circulation, it may potentially spread the disease as well…	☐ YES	☐ NO
Pregnancy or lactating:	☐ YES	☐ NO
Pacemaker or any electrical devices attached to the body:	☐ YES	☐ NO
Allergy to Aloe:	☐ YES	☐ NO
Organ transplant:	☐ YES	☐ NO
Fillers, Botox – after 30 days for sculpting treatment:	☐ YES	☐ NO
Metal plates/pins located in the head or neck:	☐ YES	☐ NO
Piercings in neck or face – *must be removed PRIOR to treatment*:	☐ YES	☐ NO
Orthodontic braces/retainer – *must be removed prior to treatment*:	☐ YES	☐ NO
Eczema, psoriasis, cold sores, fresh bruising, open sores, bleeding, tooth abscess, broken jaw or other facial bone:	☐ YES	☐ NO
Head lice or any other contagious diseases:	☐ YES	☐ NO
Recently consumed alcohol, under the influence of drugs:	☐ YES	☐ NO
Do you have any medical conditions or have you recently had any injury or surgery that could be affected by today's sessions? If YES, Please Explain:	☐ YES	☐ NO
Are you currently under a physician's supervision for the condition/injury/surgery?	☐ YES	☐ NO
Are you currently taking any medication for this condition/injury/surgery? If YES, Please Explain:	☐ YES	☐ NO

Please read the following statement, then sign and date below to indicate that you have read and acknowledge:

I affirm that I have stated all of my known medical conditions and have answered all questions honestly and completely. I understand that there shall be no liability on the practitioner's part for the aggravation of examination, diagnosis or treatment and I give my full consent to receive the Beautiful Image Micro-Current Face lift treatment.

Print Name: _____ Date: _____

Signature: _____