

## HAIR HOLISTIC SCALP REJUVENATION CONSENT

### *Jet Clear™ Transdermal Peeling Saline Exfoliation and Serum Infusion System*

*How does it work? Over 100 lbs. of air pressure cause very saline/water droplets to hit the surface of the skin at a high velocity removing the epidermis and drive saline or other nutrients deep into the skin & scalp.*

- *Exfoliates the skin & scalp with a high pressure stream of sterile saline and simultaneously pushes ambient oxygen into the skin.*
- *Dramatic cleansing of hair follicles, pores and blackheads with sterile saline*
- *This same jet hydro exfoliation technology introduces serums deep into the skin.*
- *Acne results are amazing as you cleanse the pores with sterile saline and infuse SCALP TONIC to retard sebum production.*
- *Performs an elegant scalp detox by exfoliation (scalp build up, Pigmentation, Dry scalp, Rosacea, dandruff, oily scalp, psoriasis.*

#### *Infusion or scalp tonics*

#### *We may use but it is not limited:*

*Apple cider vinegar, saline solution, diluted essential oils, clay, pectin, herb teas, oils like coconut, jojoba, neem, etc.*

*Botanical scalp treatments like: soapnuts, neem powder, Amla, Buxus*

*HOLISTIC WELLNESS scalp care products*

*We may do scalp massage, manipulation, scalp brush, galvanic electric stimulation, etc.*

*My interest in SCALP treatment is primarily for (scalp rejuvenation, scalp acne, Eczema, psoriasis, dermatitis ,seborrhea , dandruff , flaky scalp ,dry scalp , Scaly scalp etc.)*

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- *Specify your areas of concern*

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## HAIR HOLISTIC SCALP REJUVENATION CONSENT

*Please read carefully, complete, sign and date this form prior to your treatment.*

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

### Section 1: Medical Information

- Do any of the following conditions relate to you?

YES	NO	Circle what correspond
<input type="checkbox"/>	<input type="checkbox"/>	Medication:
<input type="checkbox"/>	<input type="checkbox"/>	Allergies ,explains:
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune disease, HIV, lupus, hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Blood thinners — Heparin, Coumadin, Warfarin, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Enlarged or painful glands, Viral infection, influenza
<input type="checkbox"/>	<input type="checkbox"/>	Cancer or post-cancer treatments
<input type="checkbox"/>	<input type="checkbox"/>	Circle :Hypertension/high blood pressure , peace maker, heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Epilepsy Recent accident or head injury
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Eczema, psoriasis, dermatitis ,seborrhea , dandruff , flaky scalp ,dry scalp Scaly scalp
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Scalp abrasions or lesions , Recent surgical or dental procedure
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Irregular, pigmented moles, warts or growths, unidentified facial ,scalp growth or mark
<input type="checkbox"/>	<input type="checkbox"/>	Keloids, pigmented scars, icepick scars, new scar tissue
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Loose, thin, aged skin, Sunburn, acne
<input type="checkbox"/>	<input type="checkbox"/>	Rosacea, telangiectasia/couperose
<input type="checkbox"/>	<input type="checkbox"/>	Circle : Retin-A, Retinol , minoxidil ,rogain , propecia
<input type="checkbox"/>	<input type="checkbox"/>	Under medical care for an existing or suspected <b>scalp</b> condition or disease
<input type="checkbox"/>	<input type="checkbox"/>	Other contraindication at discretion of skincare technician or medical practitioner:

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### CLIENT CONSENT

HAIR HOLISTIC does not provide medical advice, professional diagnosis, opinion, treatment or services to you or to any other individual. HAIR HOLISTIC provides general information for educational purposes only. The information provided at HAIR HOLISTIC, is not a substitute for medical or professional care, and you should not use the information in place of a visit, call consultation or the advice of your physician or other healthcare provider. HAIR HOLISTIC is not liable or responsible for any advice, course of treatment, diagnosis or any other information, services or product you obtain.

If you believe you have any other health problem, or if you have any questions regarding your health or a medical condition, you should promptly consult your physician or other healthcare provider. Never disregard medical or professional advice, or delay seeking it, because of something you read or verbally discuss by HAIR HOLISTIC TECHNICIANS. You should also ask your physician or other healthcare provider to assist you in interpreting any information HAIR HOLISTIC provide, or in applying the information to your individual case.

I acknowledge that I have had the opportunity to discuss my condition, proposed treatment, concerns or questions with my HAIR HOLISTIC technician, including risks, benefits and alternative treatments. I have been given enough information, have had my questions answered, have adequate knowledge to make an informed decision and wish to proceed with the proposed treatment. By signing this waiver I irrevocably release HAIR HOLISTIC, its employees, officers, directors, contractors, shareholders and the listed above from any claim, action, cause of action, damage or liability associated with the services provided. I have read and understand this form and the device information provided on the other side of this document, and I voluntarily authorize and consent to HAIR HOLISTIC SCALP REJUVENATION Treatment.

I acknowledge that this procedure is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied. Initials \_\_\_\_\_

My provider has answered my questions satisfactorily. I accept the possible risks and complications of the treatment. Initials \_\_\_\_\_

• Photographs may be taken for comparison of future treatments for my medical chart. Initials \_\_\_\_\_

• I hereby grant permission to HAIR HOLISTIC representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications.

I further agree that my name and identity (**CIRCLE ONE**) may or may not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be HAIR HOLISTIC; I have read the above and understand it. .  
Initials \_\_\_\_\_

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

Print name \_\_\_\_\_

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Notes: