

# PepFactor Consultation & Consent Form

PepFactor is an advanced skin and scalp system formulated by doctors and scientist.

PepFactor exponentially stimulates the synthesis of natural fibroblast in the skin drastically increasing collagen and elastin, with unsurpassed rejuvenation for both skin and scalp.

Title: Mr  Mrs  Miss  Ms

Name:	Date:
Address:	Phone:
Email:	DOB:
Emergency contact:	
Please list all medications that you take regularly, including hormones, vitamins, etc.:	

Type of treatment:

Skin  Scalp  Needling  Hydrodermabrasion  Plasma  IPL  RF  Sonophoresis

Areas of concern: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you currently under doctors' care?  Yes  No Details: \_\_\_\_\_

Do you smoke or consume alcohol?  Yes  No If so, how many per day? \_\_\_\_\_ Are you on HRT?  
Yes  No  *(Hormone replacement therapy)*

Have you had (in area of treatment):  Chemical peel  Dermabrasion  Laser  Surgery

Other: \_\_\_\_\_

Do you have permanent makeup/implants or injectables (Filler/Botox) in treatment area?  Yes  No

Details: \_\_\_\_\_

Have got ANY type of skin tan (fake or natural/sun exposure)?  Yes  No Details: \_\_\_\_\_

## Lifestyle Questions:

How many hours do you sleep per night? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

On a scale from 1 (low) to 10 (high), would you rate your stress level? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please circle below any health conditions, which you have had, or are now experiencing:

<p>Heart rhythm disturbance</p> <p>Cancer</p> <p>Pregnant/breastfeeding</p> <p>Pacemaker/defibrillator or electronically implemented devices</p> <p>Metal plates/pins</p> <p>Roaccutane (within last 6 months)</p> <p>Eczema or psoriasis</p> <p>Thrombosis</p> <p>Haemophilia</p> <p>Hepatitis</p> <p>Light/photosensitivity</p> <p>Hormonal disorders</p> <p>Surgery in the last 1 year</p>	<p>Hypoglycaemia</p> <p>Autoimmune disease</p> <p>Blood clotting disorder</p> <p>Thyroid disorders</p> <p>Diabetes</p> <p>Lack of normal skin sensation</p> <p>Recent surgery</p> <p>Lupus</p> <p>Phlebitis</p> <p>HIV</p> <p>Recent illness</p> <p>Multiple sclerosis</p> <p>Epilepsy</p>
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**Client Treatment Report**

Date of Treatment	Clinician Name & Signature	Treatment Area	Settings Used	Amount Paid	Payment Details	Comments

**Home Care Regime**

AM	PM
Cleanser:	Cleanser:
Eyes:	Eyes:
Serum:	Serum:
Serum:	Serum:
Moisturiser:	Moisturiser:
SPF:	

# Medical Informed Consent

I consent and authorise \_\_\_\_\_ to perform PepFactor treatment on me. I understand the following points and have had the opportunity to ask questions during my consultation.

I consent to photographs taken to evaluate effectiveness. Photographs revealing my identity will not be used without consent.

I am aged 18 years or over (otherwise parent or guardian to sign). Parent \_\_\_\_\_

## **In relation to my PepFactor skin needling treatment on skin and scalp, I have been advised as follows:**

1. Treatment is successful on most clients but my individual results cannot be guaranteed.
2. Most clients require 6 – 10 treatments to achieve results, some may require more. Individual results depend on many factors; thus, it is extremely difficult to advise on the exact number of treatments required.
3. Exposure to UV Rays will compromise my treatment, therefore I will use SPF 30+ sunscreen.
4. Not following the program regarding timing of treatments and after care advice will reduce/affect the efficacy of my treatment.

## **Risks associated with PepFactor treatment:**

**Even though the risk of complication is extremely low, the following can occur: (Please check)**

- Potential risk including crusting, itching, pain, bruising, pimple-like bumps, dry skin, hypopigmentation (lightening of the skin), hyperpigmentation (darkening of the skin), blistering, burns, infection, scabbing, swelling, a very small risk of scarring and a failure to achieve the desired result.
- Allergic or delayed inflammatory reactions can develop.
- I will advise (salon) of any changes that occur during my treatment that can increase potential risks or reduce efficacy.
- I also understand that there will be no refund for any services performed.

## **In relation to my initial and all subsequent treatments I advise that: (please check)**

- I have not had unprotected sun exposure (including tanning beds and fake tan creams) in the last 2 – 4 weeks.
- I have not waxed the area 72 hours prior to the treatment.
- I am not taking medications causing photosensitivity (prescription/non-prescription) e.g. St John's wort, anti-coagulants, etc.
- I do not have a history of keloid and hypertrophic scar formation.
- I have informed the therapist of all medication I am currently on.



- I do not have active infections/immunosuppression.
- I do not have open lesions in the areas to be treated.
- I do not have herpes I or II – in the areas to be treated.
- I have not used tretinoin (Retin-A) within the last 2 weeks.
- I have not had laser resurfacing within the last 6 months
- I have not had a chemical peel – within the last 4 weeks.
- I have not used oral isotretinoin/Accutane – within the last 6 months.
- I have advised my clinician if I am diabetic.
- I am not pregnant, breastfeeding and not taking any medication, which may affect treatment outcomes.
- I have received the Pre- and Post-Care Information Sheet. I agree to adhere to all these recommendations.
- I have read all of the above and had all my questions satisfactorily answered. Note: *Do not sign this form until you have read and understood all of the above.*

**Cancellations: In the event a client needs to cancel an appointment he or she must do so at least 24 hours before the scheduled service. Failure to do so will result in an automatic charge of \$25.**

**Client Full Name** \_\_\_\_\_  
(Please print name)

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

**Parent/Guardian Full Name** \_\_\_\_\_  
(Please print name)  
\*Under 18 years of age requires parental consent

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# PepFactor Skin Microdermabrasion Pre- and Post-Care Information Sheet

## Pre-Microdermabrasion PepFactor Skin Treatment Recommendations

- Do not wax, pluck, use depilatory creams or undertake electrolysis for 2 weeks prior to treatment and in between treatments.
- Do not use prescription strength exfoliant creams (Retin-A and Alpha Hydroxy) for 2 weeks prior to treatment.
- Please shave facial hair (male) the night before all facial treatments.
- Avoid tanning, including self-tanning lotions, tanning beds/booths or sun exposure for 4 weeks prior to and in between treatments. A sunscreen with SPF 30+ should be used on any area on sun-exposed skin, which you plan to treat.

## Post-Microdermabrasion PepFactor Skin Treatment Recommendations

- A mild sunburn-like sensation is anticipated.
- Can use PepFactor skincare kit.
- Discontinue use of active skincare products post treatment for 5 days or exfoliation.
- Avoid sun exposure to treated areas post treatment for 2 weeks. Apply sunscreen with SPF 30+ on treatment area.
- Bathe or shower as usual. Treated areas may be temperature sensitive. Avoid use of strongly scented lotions or soaps, prescription strength exfoliant creams, loofah sponges, and aggressive scrubbing to treated areas during healing phase.
- Best results are obtained on clients whom have a course of treatments (your therapist, nurse or Doctor will advise your treatment plan).