# CUSTOMER CONSULTATION / RECORD SHEET

## SMARTMeso TREATMENTS

| Name: | | | | |
|---|---|---|---|---|
| Address: | | | | |
| Contact Number: | | | | |
| Email Address: | | | | |
| Cosmetic Skin Treatments:<br>Circle Applicable Treatment Areas | Skin Rejuvenation /Wrinkles | FINE | MEDIUM | DEEP |
| | Pigmentation/Acne/Rosacea | LIGHT | MEDIUM | DARK |
| | Collagen Stimulation | Lifting | Brightening | Rhytides |
| | Dermal Thickening | Scaring | Spider Veins | |
| Skin Type | 1 2 | 3 | 4 | 5 |

| **Therapist** | **Date** | **Area** | **E** | **D** | **C** | **F** | **Remarks** | **Client Signature*** |
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| KEY | E = Electroporation | D = Dosage | C=Contact | F = Frequency |
|---|---|---|---|---|

* I can confirm that there are no changes to my medical questionnaire and that I have received a copy of the SmartMeso aftercare advice.

## Questionnaire - SmartMeso Treatment

| Question | Action |
|---|---|
| 1. Do you suffer from an acute or chronic illness? | Yes/No Acute Illness DO NOT TREAT |
| 2. Do you take any form of Medicine? | Yes/No List All Medicines |
| 3. Are you pregnant? | Yes/No IF YES DO NOT TREAT |
| 4. Do you have heart problems or have a cardiac pacemaker? | Yes/No IF YES DO NOT TREAT |
| 5. Do you suffer from an autoimmune disease | Yes/No IF YES DO NOT TREAT |
| 6 Do you have heart, liver, kidney, visceral disease or malignant tumor | Yes/No IF YES DO NOT TREAT |
| 7 Do you have an open wound on the treatment area | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 8. Do you suffer from cerebral infarction and cerebral hemorrhage | Yes/No IF YES DO NOT TREAT |
| 9. Do you have any metal pins or plates? | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 10. Do you have Diabetes? | Yes/No IF YES treat with caution. FIND OUT HOW WELL IT'S CONTROLLED AND HOW WELL THEY HEAL – TEST PATCH |
| 11 Do you have a nose prosthesis impant? | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 12. Do you have varicose veins? | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 13. Do you have fungal infection on area? | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 14. Have you ever had cold sores or have active cold sores? | Yes/No IF YES DO NOT TREAT OVER THAT AREA |
| 15. Do you have allergies to Ingredients? | Yes/No IF YES DO NOT TREAT |
| 16. Recently has your skin peeled after sunbathing? | Yes/No IF YES DO NOT TREAT DO NOT TREAT AREA for a minimum of 4 weeks after peeling |
| 17. Have you had botox and or fillers? | Yes/No DO NOT TREAT OVER THE AREA |
| 18. Have you had cancer or chemotherapy within the past 12 months? | Yes/No DO NOT TREAT until after a year of the last chemotherapy |

## Declaration of Consent - SMARTMeso

1. I have been advised and have fully discussed the treatment that I will be receiving. I am fully satisfied that I have completed the SMARTMeso questionnaire, with regard to any medical conditions or medicines that I am taking and I can confirm that I am suitable to proceed with the above mentioned treatment.
2. I understand that any falsifications of information submitted to you could be detrimental to my health and success of my treatment, and the company will not be held liable if this is the case.
3. I am aware that I should not wash my face within 6 hours of the treatment or scratch the treated skin.
4. I am aware that I shouldn't not use a sauna and to avoid hot water on the area, massage or athletic activities.
5. I understand that should there be a change in my medical conditions or other physiological changes treatment success may vary.
6. I have been fully advised and I completely understand the implications of the treatment that I will be receiving and at no time have I been mislead or badly informed by the above mentioned therapist or company.

I ...................................................................................... agree with the above declaration and will honour this agreement, I am over 18 years of age

Customer Signed ..............................................Print ...........................................................

Date .............................................................

Parent/Guardian ..............................................Print ............................................................

Date ...........................................................…..