Skin Tightening Consent (HIFU / RF / Ultrasound)

Informed consent for non-surgical skin tightening with high-intensity focused ultrasound, monopolar radiofrequency, and similar energy devices

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Treatment type *

- [ ] High-intensity focused ultrasound (HIFU)
- [ ] Monopolar radiofrequency
- [ ] Bipolar / multipolar RF
- [ ] Other energy device

Treatment areas *

- [ ] Full face
- [ ] Lower face / Jawline
- [ ] Neck
- [ ] Brow / Eyes
- [ ] Décolletage
- [ ] Body (abdomen, arms, thighs, knees)

Have you had skin-tightening energy treatments before? *

- [ ] Yes
- [ ] No

Have you had filler, neurotoxin, or threads in the area in the last 4 weeks? *

- [ ] Yes
- [ ] No

Medical History

Are you pregnant, trying to conceive, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- [ ] Autoimmune condition (lupus, RA, MS, etc.)
- [ ] Bleeding disorder or on blood thinners
- [ ] Diabetes
- [ ] History of keloid or hypertrophic scarring
- [ ] Cancer (current or within the last 5 years)
- [ ] Immunosuppressed / immune disorder
- [ ] None of the above

Do you have a pacemaker, defibrillator, or implanted electronic device? *

- [ ] Yes
- [ ] No

Do you have metal implants, plates, or dental implants in the treatment path? *

☐ Yes ☐ No

Do you have permanent filler, implants, or threads in the treatment area? *

☐ Yes ☐ No

Do you have active acne, infection, cold sores, or open wounds in the area? *

☐ Yes ☐ No

Do you have Bell's palsy, facial nerve issues, or a neuromuscular disorder? *

☐ Yes ☐ No

Have you taken isotretinoin (Accutane) in the last 6 months? *

☐ Yes ☐ No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Risks & Complications

Potential Risks and Complications:

- Redness, swelling, and tenderness for hours to days
- Tingling, numbness, or nerve irritation — usually temporary; rarely lasting weeks (HIFU)
- Bruising or small welts along treatment lines that resolve within days
- Burns or blistering if energy is delivered too superficially (rare)
- Fat loss or contour change with excessive energy in thin areas (rare)
- Temporary muscle weakness around the mouth or brow (rare)
- Pigment change (rare)
- Limited result — tightening is gradual over 2–6 months and modest compared with surgery; some people see little change

Discomfort during treatment is common and can be managed with pain relief or numbing.

I understand that non-surgical skin tightening produces gradual, subtle results over several months, that some people do not respond, and that it is not a substitute for surgery.

I understand the result is gradual, modest, and not guaranteed: _____

I understand that temporary numbness, tingling, muscle weakness, burns, and fat or contour change can occur and that I have disclosed all implants and injectables in the treatment area.

I understand the risk of nerve effects, burns, and contour change: _____

Photo Release

May we take before-and-after photos for your treatment record? *

- ☐ Yes — for my medical record only
- ☐ Yes — and you may use them anonymously for marketing
- ☐ No

Service Log

For office use only

	Date	Area	Device / Depth / Lines / Energy	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to non-surgical skin tightening treatment. I have been informed of the benefits, risks, alternatives, and potential complications. I understand this is an elective cosmetic procedure and no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY