



HIFU (High Intensity Focused Ultrasound) CLIENT CONSENT FORM

First Name: _____

Date of Birth: _____

Email Address: _____

Emergency Contact Name and Number _____

Treatment Overview

HIFU (High Intensity Focused Ultrasound) is a non-invasive cosmetic treatment that uses focused ultrasound energy to stimulate collagen and elastin production. This process lifts, firms, and rejuvenates the skin — providing an *uplift* rather than a *face lift*.

The treatment works by targeting precise depths of skin tissue (1.5mm, 3.0mm, and 4.5mm) to create controlled micro-heating and micro-burns, triggering the body's natural healing response for visible tightening and rejuvenation over time.

Key Benefits

- Skin firming and tightening (face and neck)
- Improved facial contour and jawline definition
- Reduction in fine lines and wrinkles
- Skin plumping, toning, and pore refinement
- Reduction in pigmentation and acne scarring

Pre-Treatment Advice

- Avoid alcohol and smoking 24 hours before treatment.
- Remove all makeup and skincare products before your session.
- Inform your practitioner of any medications or recent medical procedures.
- Post-Botox clients should wait 2 weeks before undergoing HIFU.

Contraindications

Please tick YES if you currently have or have had any of the following:

- Pregnancy or breastfeeding
- Metal implants or dental braces/crowns
- Botox or fillers within the past 2 weeks
- Skin disease or active infection (e.g. acne, rosacea, cold sores)
- Open wounds or bruising on the treatment area
- Keloid scarring or poor wound healing
- Pacemaker or other electronic implants
- History of epilepsy or seizures
- Cancer, heart disease, hypertension, or diabetes
- Highly sensitive or allergic skin



Aftercare Advice

I understand that:

- Results vary by individual, and multiple sessions may be required.
- Temporary side effects (such as redness, swelling, tingling, or tenderness) are normal.
- The treatment is not a surgical facelift and cannot guarantee identical outcomes.
- All information I have provided is true to the best of my knowledge.

I have read and understood the information above and consent to receive HIFU treatment at Health Connect Shen.

Signatures

Client Name (print):

Client Signature:

Practitioner Name

Date:
