



Esthetician Services Consent Form

*THIS FORM MUST BE COMPLETED & SIGNED **BEFORE** RECEIVING A FACIAL.*

General & Medical Information

List any medications, supplements that you are currently taking:

What temperature of water do you cleanse with? _____

Do you have any specific skin care problems / allergies pertaining to your face or body?

What skin care products do you currently use? _____

Have you ever had chemical peel, laser, microdermabrasion, or any skin resurfacing treatments? If yes, when was your last treatment? _____

Do you use Retin A, Renova, or Adapalene? _____

Do you use acne medication? What kind? _____

Do you burn easily? _____ Do you experience an oily shine during the day? _____

Do you wear SPF? _____ Are you currently having your menstrual period? _____

Do you experience breakouts? _____ Are you taking oral contraceptives? _____

What are your skin care goals? _____

If I experience any pain or discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that facial should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the estheticians part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Esthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated.

Client Signature _____ Date _____

NAME: _____ PHONE: _____

EMAIL: _____ ESTHETICIAN'S NAME: _____