

FACIAL CONSENT FORM

Client Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

As with any cosmetic procedure, the goal of a facial treatment is improvement, not perfection. I understand that my results may not be perfect. In the case of a facial treatment, the number of treatments necessary and results experienced will vary among individuals and the areas being treated.

I understand that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected results.

What specific areas concern you? _____

Is this your first facial treatment? Yes No

Are you under a physician's care for a skin condition or other problem? Yes No
If yes, for what condition or problem? _____

Are you pregnant or think you may be pregnant? Yes No

Are you taking birth control? Yes No
If yes, what type? _____

Are you taking hormone replacement medication? Yes No
If yes, what type? _____

Do you wear contact lenses? Yes No

Do you often experience stress? Yes No

Have you been diagnosed with skin cancer? Yes No

Do you have any allergies? Yes No
If yes, what type? _____

Are you currently taking any medication? Yes No
If yes, what type and for how long? _____

Have you ever used Accutane? Yes No
If yes, for how long? _____

Do you have acne? Yes No
If yes, for how long? _____

Do you experience frequent blemishes? Yes No
If yes, for how long? _____

Do you ever experience oily shine during the day? Yes No Occasionally

Are you currently having or will you soon have you menstrual period? Yes No

How much plain water do you drink daily? _____

Which of these medications are you currently using or have you used in the past?

Azelex Differin Renova Retin-A Tazarac Glycolic Alphahydroxy Acids

How long did you use the medications checked above?

Which of these products are you currently using on your face?

Soap Cleanser Toner Scrub Mask Cream Moisturizer Sunscreen

Other: _____

Which of these skin conditions have you ever experienced?

Flakiness Tightness Dryness Sensitivity Scars

What results are you hoping today's facial skincare will help you achieve?

I understand that I may have some discomfort, redness, swelling, itching, irritation, skin peeling, or flaking after a facial treatment. 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 also understand that a 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 understand that the 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. 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 esthetician's part should I fail to do so.

It is my decision to have this treatment and I certify that I have read and have full understanding of the above consent. I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction. I hereby consent to the facial treatment procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. Neither _____ nor the esthetician are responsible for any injury, allergic reactions, or any skin abrasions as a result of the services performed on me.

Client's Signature: _____ **Date:** _____

Print Name: _____

Esthetician's Signature: _____ **Date:** _____

Print Name: _____