Facial Treatment Consent Form

Treatment

I am requesting facial treatment from . Depending on my skin, goals and the service I book, my treatment may include cleansing, exfoliation, steam, extractions, masks, massage of the face, neck and shoulders, and the use of products such as serums, enzymes and chemical exfoliants. Some treatments may also use devices such as microdermabrasion, dermaplaning blades, high-frequency, LED light, ultrasonic or microcurrent.

My esthetician will explain the steps of my treatment before starting. I may ask questions, ask to skip any step, or stop the treatment at any time.

Skin History and Health

I have answered the skin and health questions truthfully and completely, including whether I:

- use or have recently used isotretinoin (such as Accutane), topical retinoids, retinol, prescription acne medication, hydroquinone, or exfoliating acids;
- have had Botox, fillers, laser treatments, microneedling, chemical peels, waxing or other skin procedures recently, or plan to soon;
- have sensitive skin, rosacea, eczema, psoriasis, dermatitis, active acne, cold sores, or a history of hyperpigmentation or keloid scarring;
- have allergies to skincare ingredients, fragrances, nuts, aspirin (relevant to salicylic acid), latex or other substances;
- am pregnant or breastfeeding;
- have a pacemaker, metal implants, epilepsy or a heart condition, which may affect the use of electrical devices; or
- have had recent sun exposure, sunburn or self-tanner use.

I understand that some treatments cannot be performed, or must be modified, if any of these apply, and that may decline a service it considers unsuitable for my skin.

I will tell my esthetician before every appointment about any changes in my medications, skincare routine, procedures or health.

Possible Reactions

I understand that facial treatments may cause:

- temporary redness, warmth, tightness or mild stinging;
- swelling, small marks or slight bruising after extractions;
- dryness, flaking or peeling, particularly after peels or exfoliation;
- breakouts or "purging" as the skin responds to treatment;
- irritation or allergic reactions to products;
- in rare cases, burns, blistering, scarring, infection or changes in skin color, especially after peels or on darker skin tones; and
- small nicks from dermaplaning.

Aftercare

I have received aftercare instructions and agree to follow them. I understand that for the period my esthetician advises, I should avoid direct sun exposure and tanning, use broad-spectrum sunscreen daily, avoid picking or peeling skin, and pause exfoliants, retinoids and other active products. I understand that sweating heavily, saunas, swimming and makeup may need to be avoided for a short time after certain treatments. If I have a reaction that worsens or does not settle, I will contact and seek medical advice if needed.

Scope and Results

I understand that facial treatments at are cosmetic and are not a substitute for medical care. My esthetician does not diagnose or treat medical skin conditions, and may recommend I see a dermatologist or physician. I understand that results vary based on my skin type, lifestyle, home care and consistency, that several treatments may be needed to see a change, and that does not guarantee specific results.

Photos

I consent to taking before and after photos of my skin for my client record. will not use these photos publicly without my separate written consent.

Cancellation

I agree to give [24] hours' notice to cancel or reschedule. Late cancellations and missed appointments may be charged [a fee / the full service price].

Consent and Release

I consent to receive facial treatments from . To the fullest extent permitted by law, I release , its owners and staff from claims arising from reactions caused by information I did not disclose, from the possible reactions described above, or from my failure to follow aftercare, except claims caused by gross negligence or willful misconduct. This consent applies to all facial treatments I receive from and is governed by the laws of the state or country in which operates.

Please initial each statement

___ I have disclosed my full skin history, medications, recent procedures and allergies.

___ I understand facial treatments may cause redness, peeling, breakouts or, rarely, burns or pigment changes.

___ I will avoid sun exposure and follow the aftercare instructions provided.

___ I understand results vary and {{business}} does not diagnose or treat medical skin conditions.

___ I will update {{business}} before each appointment if my medications or health change.

Participant full name

Date

Date of birth

Phone

Email

Signature