

Consent for Facial Treatment

Client Name: _____

Phone: _____

Email: _____

D.O.B: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Referred by: _____

Occupation: _____

Would you like to receive discounts for your birthday, anniversary, and special offers via

Email? Yes No

The goal of a Facial treatment as in any cosmetic procedure 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 cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected results. Is this your first facial treatment?

Yes No

Is there any specific area(s) that concern you?

Are you presently under a physician's care for any skin condition or other 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

Have you been diagnosed with skin cancer? Yes No Are you currently using or have you used in the past any of the listed medications? Azelex Differin Renova Retin-A Tazarac Glycolic Alphahydroxy Acids Circle all that apply. How long did you use the medication circled above?

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

Are you currently taking any medications? 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?

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

Circle all that apply. Soap Cleanser Toner Scrub Mask Cream Moisturizer Sunscreen Other

How much plain water do you drink daily? _____

Have you ever experienced any of the following conditions with your skin?

Circle all that apply. Flakiness Tightness Dryness Sensitive Scars Do you ever experience oily shine during the day? Yes No

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

I understand that I may have some discomfort, redness or swelling, or itching or irritation or 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 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 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. 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. 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. Fab Skin Center or the Licensed Esthetician is not responsible for any injury or allergic reaction(s) or any skin abrasions as a result of the services performed on me.

Client Signature: _____

Date _____

Aesthetician Signature: _____ Date: _____