Esthetician Services Consent Form

**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: _______________