

Facial Consent Form

Client Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Treatment Information

Treatment(s) requested: (check all that apply)

☐ Basic facial

☐ Deep cleansing facial

☐ Exfoliation / chemical peel

☐ Extraction

☐ Microdermabrasion

☐ Hydrating / anti-aging facial

☐ LED / light therapy

☐ Other: _____

Medical History

Please answer the following (check if yes):

☐ Currently pregnant or nursing

☐ Active skin infection, cold sore, or open wound

☐ Cold sores (herpes simplex) — history of

☐ Eczema, psoriasis, or rosacea

☐ Allergies (skin products, lidocaine, latex, etc.)

- ☐ Diabetes
- ☐ Autoimmune disorder
- ☐ Currently taking blood thinners, Accutane, or retinoids
- ☐ Recent chemical peel, laser, or waxing (within 2 weeks)
- ☐ Botox or dermal fillers (within 2 weeks)
- ☐ Cancer / undergoing chemotherapy or radiation
- ☐ Any other medical condition: _____

Current medications: _____

Known allergies: _____

Consent and Acknowledgment

I, _____, hereby consent to receive the facial treatment(s) listed above, performed by _____ at _____.

I understand and acknowledge the following:

1. No guarantee of results. Results vary by individual, and no specific outcome is guaranteed.
2. Possible side effects may include, but are not limited to: redness, swelling, irritation, dryness, peeling, breakouts, hyperpigmentation, or allergic reaction.
3. Risks of extraction may include bruising, infection, or scarring.
4. I have disclosed all relevant medical information, medications, and allergies to the best of my knowledge.
5. I will follow all pre- and post-treatment care instructions provided to me.
6. I understand that this treatment is cosmetic in nature and is not a substitute for medical diagnosis or treatment.
7. Photography: ☐ I consent / ☐ I do not consent to clinical photographs for record-keeping purposes.
8. Right to withdraw: I understand I may stop the treatment at any time.

Liability Release

I release _____ (provider/salon) and its employees from liability for any complications, injuries, or damages arising from this treatment, except in cases of negligence, to the extent permitted by law.

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____