

Facial Treatment Consent Form

Full Name

Date of Birth

Phone Number

Email Address

Please list any allergies:

List current medications (if any):

Relevant medical conditions:

☐

Pregnant

☐

Nursing

☐

Skin Conditions

☐

None

Describe your skincare concerns or goals for today's treatment:

Additional information the esthetician should know:

Consent Agreement

I acknowledge that I have provided accurate medical and personal information. I understand the nature and purpose of the facial treatment and consent to receive the service. I have had the opportunity to ask questions and confirm that all questions were answered to my satisfaction.

Client Signature

Date

Esthetician Name

Date