

Facial Treatment Consent Form

Client Information

Full Name

Date of Birth

Phone

Email

Medical History

Do you have any of the following (please check all that apply):

☐ Allergies ☐ Skin Conditions ☐ Heart Conditions ☐ Pregnancy ☐ Other

Current Medications:

Have you had any previous facial treatments?

Consent

I acknowledge and understand the following:

- ☐ I have answered all questions truthfully.
- ☐ I understand the possible risks and side effects.
- ☐ I consent to receiving the facial treatment.

Questions/Concerns:

Client Signature

Date

