Facial Treatment Consent

Consent and skin consultation for facials, hydradermabrasion, dermaplaning, enzyme treatments, and LED therapy

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Skin Consultation

Services today *

- [ ] Classic / Custom facial
- [ ] Dermaplaning
- [ ] Extractions
- [ ] Microcurrent
- [ ] Hydradermabrasion
- [ ] Enzyme or light chemical exfoliation
- [ ] LED light therapy

Skin type *

- [ ] Normal
- [ ] Dry
- [ ] Oily
- [ ] Combination
- [ ] Sensitive

Skin concerns

- [ ] Acne / Breakouts
- [ ] Redness / Rosacea
- [ ] Fine lines / Aging
- [ ] Dryness / Dehydration
- [ ] Dark spots / Uneven tone
- [ ] Texture / Pores

Current skincare products

Health & Skin Screening

Have you used retinol, tretinoin, or other retinoids in the last 5–7 days? *

- [ ] Yes
- [ ] No

Have you taken isotretinoin (Accutane) in the last 6 months? *

- [ ] Yes
- [ ] No

Do you have active cold sores, open lesions, sunburn, or a skin infection today? *

- [ ] Yes
- [ ] No

Have you had injectables, laser, microneedling, waxing, or a chemical peel in the last 2 weeks? *

☐ Yes ☐ No

Are you pregnant or breastfeeding? *

☐ Yes ☐ No

Do you have epilepsy, a pacemaker, or metal implants in the face? *

☐ Yes ☐ No

Do you have allergies to skincare ingredients, nuts, latex, or fragrance? *

☐ Yes ☐ No

If yes, please list

Current medications

Risks & Complications

Possible reactions:

- Redness, warmth, and mild sensitivity for a few hours
- Purging or breakouts for a few days after exfoliation or extractions
- Dryness or flaking
- Small nicks or irritation from dermaplaning (uncommon)
- Allergic reaction to a product
- Hyperpigmentation if treated skin is exposed to sun without protection
- Cold sore flare with a history of herpes simplex

Avoid sun, retinoids, exfoliating acids, and heavy workouts for 24–48 hours after treatment, and wear SPF 30+ daily.

I confirm my answers about retinoid use, isotretinoin, recent procedures, allergies, and medical conditions are accurate, and I understand treatment may be adjusted or declined based on them.

I have disclosed my skin history and products: _____

Service Log

For office use only

	Date	Services / Products	Skin observations	Home-care recommendations
Entry 1				
Entry 2				
Entry 3				

	Date	Services / Products	Skin observations	Home-care recommendations
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to the facial treatment(s) selected above. I understand that the esthetician is not diagnosing or treating a medical condition, that results vary, and that I should report any discomfort during treatment immediately. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above and consent to treatment: _____

Signature

Date

Print name

Date *

MM / DD / YYYY