



Aesthetic Services Consent Form

Name of Guest _____

Email Address _____ @ _____

Home Address _____

City, State & Zip _____

Date of Birth			
	Month	Day	Year
Wedding Anniversary			
	Month	Day	Year

Please initial each statement as acknowledgement below

	I have been thoroughly informed by my Esthetician of possible complications which may occur as a result of recommended procedures.
	No guarantees of any kind have been stated or implied.
	I am committed to following post procedure care as recommended by my Esthetician to ensure the best possible result.
	I have provided my medical history to the best of my knowledge to my Esthetician in order to avoid contraindications.
	I am committed to avoiding the sun and /or tanning facilities as recommended by my Esthetician

Please indicate Yes or No to each of the following below

YES	NO	I have a history of cold sores, fever blisters and /or shingles.
YES	NO	I am using Retin-A® Glycolic Acid
YES	NO	I am using a Retinol cream
YES	NO	Differin® (Adapalene, the active constituent)
YES	NO	Topical tretinoin (retinoic acid)
YES	NO	Accutane® (Isotretinoin), or other Vitamin A derivative topical creams / ointments
YES	NO	I have used anabolic steroid performance enhancing drugs within the last 5-7 days. knowing that this is a contra-indicator of having procedures performed.
Yes		I understand that answering Yes to the use of anabolic steroid performance enhancing drugs means that I will not receive any facial treatments.

Client Signature	Date
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