

## ESTHETICIAN CONSENT FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Health Information:

1. Are you currently under the care of a physician for any medical condition? If yes, please explain:
2. Do you have any allergies, skin conditions, or sensitivities?
3. Are you pregnant or nursing?
4. Do you have any history of skin cancer or other serious skin diseases?
5. Do you use Retin-A, Accutane, or other similar medications?
6. Do you have any heart conditions, high blood pressure, or diabetes?
7. Have you had any facial surgeries or cosmetic procedures recently?
8. Are you currently using any topical or oral medication that might affect skin sensitivity?
9. Do you have any implants, pacemakers, or other medical devices?
10. Do you have any other medical conditions or concerns that the esthetician should be aware of?

### Consent for Treatment:

I hereby consent to the esthetician performing the proposed skincare treatments and services. I understand that the treatments are designed to improve my skin condition and appearance. I acknowledge that results may vary and that no guarantees have been given or implied. I have disclosed all relevant medical history and understand that withholding information might increase the risk of adverse effects. I understand that certain treatments may cause irritation, redness, or other side effects. I agree to follow all pre- and post-treatment care instructions provided by the esthetician. I understand that it is my responsibility to inform the esthetician of any changes in my health or skin condition prior to treatments. I release the esthetician and associated parties from any liability arising from the treatments, except for negligence or willful misconduct.

### Photo/Video Release:

I authorize the esthetician and the facility to take photographs and/or videos of my treatments and results for use in education, marketing, or promotional materials. I understand that my identity will be protected unless I give explicit permission to share personally identifiable information. I understand that I may withdraw this consent at any time by notifying the esthetician in writing.

### Cancellation and Refund Policy:

I understand that appointments must be cancelled at least 24 hours in advance. Failure to provide adequate notice may result in a cancellation fee. Refunds for prepaid services are subject to the esthetician's policies and applicable laws.

**Privacy and Confidentiality:**

All personal and medical information disclosed during the course of treatment will be kept confidential and stored securely in accordance with applicable privacy laws. Information will not be shared with third parties without my consent except as required by law.

**Acknowledgment and Signature:**

I acknowledge that I have read, understood, and agree to the terms outlined in this Esthetician Consent Form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to the treatments provided by the esthetician.

**Client Signature**

**Esthetician Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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