FACIAL SERVICE CONSULT FORM WITH CONTRAINDICATIONS AND ALLERGIES

Client Information:

Name:

Date of Birth:

Phone Number:

Email Address:

Contraindications:

Please answer the following questions regarding any contraindications that may affect your eligibility for receiving a facial service.

1. **Are you currently under the care of a dermatologist or receiving any other facial treatments?** If yes, please provide details:
2. **Have you recently received any facial cosmetic procedures (such as Botox, fillers, laser treatments, chemical peels, etc.)? If yes, please provide details**:
3. **Do you have any open wounds, cuts, or infections on your face or neck? If yes, please describe:**
4. **Have you had any adverse reactions to facial services or products in the past (such as redness, itching, swelling, or rashes)? If yes, please provide details:**
5. **Are you currently using any prescription medications for your skin? If yes, please provide details:**
6. **Do you have a history of skin disorders, such as eczema, psoriasis, or rosacea? If yes, please provide details:**
7. **Are you currently taking, or have you recently taken any oral medications, including but not limited to antibiotics or blood thinners? If yes, please provide details:**

Allergies: Please list any known allergies you have, especially those related to skincare products, ingredients, or environmental factors (such as dust or pollen). If you are unsure, kindly inform us and we will perform a patch test prior to the facial service:

Client Consent: I acknowledge that the facial service I will be receiving may involve the use of skincare products and techniques that may have risks and possible side effects. I understand that it is my responsibility to disclose all relevant medical information, allergies, and skincare concerns to the esthetician. I release the esthetician and the establishment from any liability for any adverse reactions or complications that may occur during or after

the facial service, provided that the esthetician has followed reasonable standards of care.

By signing below, I confirm that I have read and understood the above information and that all the answers I have provided are accurate to the best of my knowledge.

Client's Signature: _____Date: _____