

# FACIAL CONSENT FORM

---

**Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Consent and intake form for facial treatments including chemical peels, microdermabrasion, and standard facials. Covers skin type, sensitivities, and product allergies.*

*\* Required fields*

**Full Name \***

*Jane Doe*

**Email \***

*jane@email.com*

**Phone Number \***

*(555) 123-4567*

**Date of Birth \***

**Skin type \***

*Options: Normal / Dry / Oily / Combination / Sensitive / Not sure*

**Facial service requested \***

*Options: Basic Facial / Deep Cleansing / Anti-Aging / Hydrating / Acne Treatment / Chemical Peel / Microdermabrasion / LED Therapy / Custom*

**Current skincare products you use**

*Cleanser, moisturizer, retinol, SPF...*

**Are you using Retinol, tretinoin, or prescription acne medications? \***

*Options: Yes / No*

**Any known allergies to skincare ingredients?**

*Salicylic acid, benzoyl peroxide, fragrances...*

**Have you had any facial procedures in the last 30 days?**

*Botox, fillers, laser, chemical peel...*

**Are you pregnant or nursing? \***

*Options: Yes / No / N/A*

I understand results vary and some treatments may cause temporary redness or peeling \*

**Client Signature \***

Sign here

**Date:** \_\_\_\_\_

---

**CONSENT / WAIVER**

I consent to the facial treatment described above and acknowledge that skin reactions including redness, irritation, peeling, breakouts (purging), and sensitivity may occur. I have disclosed all skincare products, medications, and recent procedures. I understand that certain treatments are contraindicated with Retinol, Accutane, and recent injectables. I release the service provider from liability for adverse reactions resulting from undisclosed information.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_