

CONTINUED CLIENT CONSENT FORM



This form is intended to be completed **prior to each treatment**. I confirm that I have informed my esthetician of **any changes** to my health or skin status since my last visit, including but not limited to:

- Current or recent **health changes**
- **Medical treatments or surgeries** within the past **45 days**
- **Medication changes** (prescription, over-the-counter, or topical)
- New or ongoing **skin conditions, sensitivities, or concerns**
- **Lifestyle changes** that may affect my skin or treatment outcomes (including sun exposure, travel, stress, diet, or use of new products)

I understand that failure to disclose this information prior to my treatment may increase the risk of adverse reactions or undesired outcomes. I acknowledge that my esthetician cannot be held responsible for any reactions, complications, or results that may occur if pertinent information was not disclosed before treatment.

I certify that the information I have provided is accurate and complete to the best of my knowledge and consent to proceed with treatment.

Client Information

Client Name: _____

Current Date: _____

Date of Treatment: _____

Time of Treatment: _____

Esthetician Notes

Client Acknowledgment & Signature

I have read and understand the above information and agree to proceed with my treatment.

Client Signature: _____ Date: _____