

Business name _____

Facial & Skincare Consent

Some active ingredients can irritate the skin or react badly with prescription skincare like Roaccutane or retinoids, and a peel on broken or sunburnt skin can cause real damage: please check below. Your skin may also be more sensitive to the sun for a few days afterward.

Full name _____

Date of birth _____

Home address _____

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Are you using prescription skincare (e.g. Roaccutane/Accutane, retinoids) now, or in the last 6 months? ☐ Yes ☐ No

Any known allergies to skincare ingredients, nuts, or fragrance? ☐ Yes ☐ No

Any sunburn, active cold sore, or broken skin today? ☐ Yes ☐ No

Any skin conditions or medications we should know about?

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____