Business name _____

Dermaplaning Consent

This treatment uses a blade to exfoliate the skin, so the main risks are nicks or irritation if it's used over broken, inflamed, or recently-treated skin. Your skin may also be more sensitive to the sun for a few days afterward, so sunscreen matters more than usual.

Full name

Date of birth

Home address

Are you using Roaccutane/Accutane or retinoids now, or in the last 6 months? ☐ Yes ☐ No

Do you have active acne, an active cold sore, or broken skin today? ☐ Yes ☐ No

Are you taking blood-thinning medication? ☐ Yes ☐ No

☐ I understand the aftercare advice given and agree to follow it.

☐ 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 _____