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 _____