



Esthetician Services Consent Form
Esthetic Agreement and Release of Liability

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____ Email: _____

Welcome to Spa Pura, We're delighted you have chosen our esthetic services. Certain spa services should not be performed under certain medical conditions; it is your responsibility to inform the Esthetician of any pre-existing conditions, limitations or specific sensitivities and to inform your Esthetician if you feel any discomfort during the session. If you do experience discomfort, please tell your Esthetician to adjust the level of pressure. You understand and voluntarily accept any risk of which you have been advised associated with your facial or any use of the company's facilities, and hereby release Spa Pura (including its employees, practitioners, agents and insures) from all liability for any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to you resulting there from any such injury or damage resulting from your failure to disclose any pre-existing condition, limitation or specific sensitivities, or your failure to inform your Esthetician of any discomfort during the session. Your Esthetician may determine that it is unsafe for you to proceed with or continue a session due to health related concerns. In this event you may be required to provide Spa Pura with a physicians' medical release prior to continuing treatment. The undersigned acknowledges that he /she has read the agreement.

Sign: _____ Date : _____

Please circle the characteristics your skin has:

Dull, Dry or Dehydrated Redness Rough Large Pores Blemishes Loss of Elasticity

What are your skin care goals? _____

Are you allergic to any products or ingredients? If so, please list: _____

General & Medical Information

Please circle yes or no to the following questions:

Are you pregnant?	Yes	No	If yes , how many months? ____
Any recent surgery?	Yes	No	Is so, what? _____
Are you taking any medications?	Yes	No	
Please List: _____			
Are you taking Accutane?	Yes	No	
Do you have Rosacea?	Yes	No	
Are you using any topical medications?	Yes	No	
Are you using Retinoids?	Yes	No	
Are you using any exfoliating acids? If so which ones:	Yes	No	
Please List: _____			
Have you ever had an adverse reaction to a cosmetic product?	Yes	No	

Client Name: _____

Special Notes (Estheticians Use Only)

Date:

Esthetician: _____

Date:

Esthetician: _____

Date:

Esthetician: _____