



## Esthetician Services Consent Form

### *Esthetic Agreement and Release of Liability*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cellphone: \_\_\_\_\_ 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 insurers) 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 physician's medical release prior to continuing treatment. I understand that I can stop the service at any point should I feel unsafe or uncomfortable in any manner. 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

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 <b>yes</b> , how many months? ____
Any recent surgery?	Yes	No	If so, what? _____
Are you taking any medications?	Yes	No	

Please List: \_\_\_\_\_

Do you have Rosacea?	Yes	No	
Are you using any topical medications	Yes	No	
Are you taking Accutane or Retinoids?	Yes	No	If so, what? _____

Are you using any exfoliating acids? If so which ones:	Yes	No	
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Please List: \_\_\_\_\_

Have you ever had an adverse reaction to a cosmetic product?	Yes	No	
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Do you currently have any Covid-19 symptoms or have you been In close contact with another person who has been diagnosed with or under investigation for Covid-19?	Yes	No	
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Client Name: \_\_\_\_\_

## Special Notes (Estheticians Use Only)

**Date:**

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Esthetician: \_\_\_\_\_

**Date:**

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Esthetician: \_\_\_\_\_

**Date:**

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Esthetician: \_\_\_\_\_