

# ESTHETICIAN SERVICES INFORMED CONSENT AND AGREEMENT FORM

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Contact Information:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact:

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

Phone Number: \_\_\_\_\_

## Medical History and Skin Conditions:

Do you have any allergies (including to cosmetics or skincare products)?

Do you have any skin conditions (e.g., eczema, psoriasis, dermatitis)?

Are you currently taking any medications (topical or oral) that affect your skin?

Do you have any history of cold sores or herpes simplex virus?

Are you pregnant or nursing?

Do you have any open wounds, cuts, or infections on your skin?

Have you had any recent chemical peels, laser treatments, or surgeries on your face?

Do you have any history of skin cancer or precancerous lesions?

Do you have any chronic illnesses (e.g., diabetes, autoimmune diseases)?

Do you have any implanted medical devices (e.g., pacemaker)?

## Consent and Agreement:

I hereby consent to receive esthetician services and treatments offered by the practitioner. I understand that the esthetician will provide services based on the information I have provided and that withholding information or providing false information may result in adverse effects. I acknowledge that results cannot be guaranteed and that reactions to products or treatments may occur. I agree to inform the esthetician of any changes in my health or skin condition prior to any treatment. I understand that I am responsible for informing the esthetician of any allergies, sensitivities, or medical conditions that may affect the treatment. I release the esthetician and the facility from liability for any injury or damage that may result from the treatment unless due to gross negligence or willful misconduct. I agree to follow all pre- and post-treatment instructions provided to me. I understand that esthetician services are not a substitute for medical care or diagnosis.

## Client Acknowledgment:

- I have read and understood the above information.

- I have had the opportunity to ask questions and received satisfactory answers.
- I voluntarily consent to the treatments and services provided by the esthetician.
- I understand that I may withdraw my consent at any time.
- I agree to notify the esthetician immediately if I experience any adverse reactions.
- I understand that this consent is valid for all future treatments unless revoked in writing.

**Privacy and Confidentiality:**

All personal information obtained during the course of esthetician services will be kept confidential and handled in accordance with applicable United States laws and regulations, including HIPAA where applicable. Information will not be disclosed without client consent except as required by law.

**Cancellation and Refund Policy:**

Appointments must be canceled or rescheduled at least 24 hours in advance. Failure to do so may result in a cancellation fee as determined by the esthetician or facility. Refunds for prepaid services or packages are subject to the terms outlined at the time of purchase.

**Limitation of Liability:**

To the maximum extent permitted by law, the esthetician and facility disclaim any liability for damages, losses, or injuries arising from the use of services and products provided, except for gross negligence or willful misconduct.

**Dispute Resolution and Governing Law:**

This agreement shall be governed by the laws of the State of \_\_\_\_\_, United States of America. Any disputes arising out of or related to this agreement or the services provided shall be resolved through good faith negotiation. If unresolved, disputes may be submitted to mediation or binding arbitration in accordance with the rules of a recognized arbitration organization mutually agreed upon by the parties.

**CLIENT SIGNATURE**

**ESTHETICIAN SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Original source of this document:

<https://docs-wellness.com/esthetician-consent-form-template/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-wellness.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.