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## FACIAL INFORMED CONSENT

There are many benefits to having a facial. Facials can leave you feeling rested and rejuvenated on the inside and fresh-faced and beaming on the outside. A facial will give you clear pores, skin rejuvenation, and a youthful glow. Facials also increase circulation and restore circulation to your face.

If you have or have had any of the following please let the provider know:

- Aids/ HIV
- Cold Sores/ Fever Blisters
- Herpes
- Eczema/ Psoriasis
- Hepatitis
- Cancer

Please inform us of any of the following:

- Taken Accutane within the past 12 months
- Used Retin-A, Differin or Renova in the past 10 days
- Frequent tanning beds
- Have a sun burn

\_\_\_\_\_ If I experience any pain or discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort.

\_\_\_\_\_ I understand that facial should not be construed as a substitute for medical examination, diagnosis, or treatment.

\_\_\_\_\_ I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

\_\_\_\_\_ Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

\_\_\_\_\_ I agree to keep the esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the estheticians part should I fail to do so.

\_\_\_\_\_ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

\_\_\_\_\_ I also understand that the Licensed Esthetician reserves the right to refuse to perform treatments on anyone whom she deems to have a condition for which facial treatments are contraindicated.

**Cancellation Policy:** I understand that all payment for services to Integrative Health are non-refundable and all sales are final.

By my signature below, I certify that I have read and fully understand the contents of this consent form. I was given the opportunity to ask any questions or clarification I might have prior to signing this consent and thereby grant permission to perform this procedure on me.

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Signature – Patient

Print Name

Date