DULCE ESTHETICS

Facial Treatment

Client Consent Form

Client's Information

Full Name: _____

Date of Birth: _____ Age: _____ ☐ Female ☐ Male ☐ NB

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

Medical Information

Please check any of the following that apply to you:

- ☐ Pregnant
- ☐ Nursing
- ☐ Skin Allergies
- ☐ Allergies to Specific Ingredients or Products: _____
- ☐ Medical Conditions: _____
- ☐ Recent Facial Surgeries or Treatments: _____
- ☐ Other Medical Concerns: _____

Skin History

Please check any of the following that apply to you:

- ☐ Oily
- ☐ Dry
- ☐ Combination
- ☐ Other: _____
- ☐ Sensitive
- ☐ Acne-Prone
- ☐ Aging

Current Skincare Routine

Products used: _____

Frequency: _____

Concern or goals: _____

Consent and Agreement

I understand that the facial treatment is not a substitute for medical treatment or advice. I have provided accurate information to the best of my knowledge. I consent to the facial treatment and agree to follow the technician's recommendations for aftercare and skincare.

Client's Signature: _____ Date: _____

Technician's Signature: _____ Date: _____