Kneaded Escape Facial Consent Form

Name _____ Date_____

Phone_____ Email_____

Have you had any laser treatments or chemical peels in the last 30-60 days? _____

Health - Certain health conditions may restrict or alter treatments. Please indicate if you have had or are currently experiencing any of the following:

( ) Allergies ( ) Hormone Imbalance ( ) Hysterectomy

( ) Thyroid ( ) Metal Implants ( ) Epilepsy

( ) Cancer ( ) Pacemaker ( ) Multiple Sclerosis

( ) Pregnant ( ) Metal UID ( ) Heart Condition

( ) Diabetic ( ) Tattoos ( ) Circulatory Problems

( ) Collagen/Botox injections ( ) Skin Allergies

Explain any conditions that were indicated above

_____

_____

List any skin/health conditions that are not covered above_____

_____

Current Skin Care Routine

( ) Cleanser ( ) Toner ( ) Moisturizer ( ) Mask ( ) Eye Cream ( ) Night Cream ( ) Other

Brand (s) _____

What do you hope to accomplish through treatment/s? _____

Consent and Authorization

To the best of my knowledge, I have provided accurate information. Any changes to my health/wellness will be reported prior to beginning any treatment. I understand that in most cases, consistent-multiple treatments are necessary to obtain desired results. As each individual is different, no guarantee of outcome has been promised to me, and no refund will be given for treatments received. All risks/complications have been explained and I release Kneaded Escape Massage and Spa and their Estheticians, from liability associated with my procedures.

NAME (Signature) _____ Date _____