NEW IMAGE HEALTH & WELLNESS
INFORMED CONSENT – ESTHETICIAN SERVICES

Client Information

First Name: _____

Last Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Preferred Contact Method: _____

Description of Services
Esthetician services may include, but are not limited to: • Facial treatments (cleansing, exfoliation, hydration)
• Chemical peels
• Dermaplaning
• Microdermabrasion
• Microneedling
• LED or light-based treatments
• Facial waxing, brow shaping, or tinting
• Lash treatments (lifting and tinting)
• Body treatments
• Skincare consultations and product recommendations

These services are designed to improve the health and appearance of the skin. Treatment recommendations will be based on your skin type and concerns.

Risks and Possible Side Effects
• Redness, irritation, or sensitivity
• Dryness, flaking, or peeling
• Breakouts or purging
• Hyperpigmentation or hypopigmentation
• Allergic reactions to products or ingredients
• Minor burns or abrasions
• Infection (rare)
• Scarring (very rare)

Contraindications
Please disclose if you have: • Severe allergies or product sensitivities
• Accutane/isotretinoin use within the past 6–12 months
• Active acne, cold sores, eczema, psoriasis, or other skin conditions
• Medications affecting skin sensitivity
• Pregnancy or breastfeeding
• Recent chemical peels, laser treatments, or resurfacing procedures
• Autoimmune disorders or excessive scarring tendencies
• Use of blood-thinning medications

Pre- and Post-Treatment Instructions
I agree to follow all instructions provided, including: • Avoiding sun exposure, excessive heat, and sweating for 24–72 hours
• Avoiding retinoids, exfoliants, and harsh skincare products as directed
• Using gentle skincare products and SPF protection
• Avoiding picking, scratching, or touching treated areas
• Avoiding makeup immediately after certain treatments when advised

Consent and Agreement
I understand that results vary based on skin type, lifestyle, and compliance with treatment recommendations. Multiple sessions may be necessary. No guarantees have been made regarding treatment outcomes. I have been informed of the procedures, risks, alternatives, and expected results. I have had the opportunity to ask questions and receive satisfactory answers. By signing below, I consent to receiving esthetician services and assume responsibility for potential outcomes.

Client Signature: _____

Printed Name: _____

Date: _____

Esthetician Signature: _____

Date: _____