

**Elsa Hair and Beauty**  
**Facial Treatment Client Information Form**

**Client Details**

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

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

Date: \_\_\_\_\_

**Medical & Skin History**

Please tick if you currently have or have had any of the following:

- ☐ Diabetes
- ☐ Heart Condition
- ☐ Epilepsy
- ☐ Skin Disorder (e.g., eczema, psoriasis, dermatitis)
- ☐ Active Acne / Open Cuts
- ☐ Recent Surgery (last 6 months)
- ☐ Use of Retin-A / Accutane / Steroid Creams
- ☐ Allergies (please list): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Have you had any facial treatments before? ☐ Yes ☐ No

If yes, when and what type? \_\_\_\_\_

Current skincare products used: \_\_\_\_\_

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Any current medication or supplements? \_\_\_\_\_

Skin type (circle): Dry / Oily / Combination / Sensitive / Normal

---

**Elsa Hair and Beauty**  
**Facial Treatment Client Information Form**

**Client Details**

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

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

Date: \_\_\_\_\_

**Medical & Skin History**

Please tick if you currently have or have had any of the following:

- ☐ Diabetes
- ☐ Heart Condition
- ☐ Epilepsy
- ☐ Skin Disorder (e.g., eczema, psoriasis, dermatitis)
- ☐ Active Acne / Open Cuts
- ☐ Recent Surgery (last 6 months)
- ☐ Use of Retin-A / Accutane / Steroid Creams
- ☐ Allergies (please list): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Have you had any facial treatments before? ☐ Yes ☐ No

If yes, when and what type? \_\_\_\_\_

Current skincare products used: \_\_\_\_\_

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Any current medication or supplements? \_\_\_\_\_

Skin type (circle): Dry / Oily / Combination / Sensitive / Normal

**Elsa Hair and Beauty**  
**Facial Treatment Consent & Agreement**

I understand that facial treatments at Elsa Hair and Beauty are designed to improve the appearance and condition of the skin. Results may vary depending on my skin type and condition.

I confirm that:

- I have disclosed all relevant medical and skin conditions.
- I understand the treatment process and possible side effects, such as redness, sensitivity, or mild irritation.
- I have been advised to follow the aftercare instructions provided.
- I agree that all payments made are **non-refundable** once the service has begun.
- I release Elsa Hair and Beauty and its staff from any liability for reactions that occur due to undisclosed conditions or failure to follow aftercare advice.

**Aftercare Advice (for client to keep)**

- Avoid makeup or exfoliating products for 24 hours.
- Keep skin hydrated and protected with SPF.
- Avoid direct sunlight, sauna, or steam for 48 hours.
- Use gentle cleansers and moisturizers.

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

Date: \_\_\_\_\_

---

**Elsa Hair and Beauty**  
**Facial Treatment Consent & Agreement**

I understand that facial treatments at Elsa Hair and Beauty are designed to improve the appearance and condition of the skin. Results may vary depending on my skin type and condition.

I confirm that:

- I have disclosed all relevant medical and skin conditions.
- I understand the treatment process and possible side effects, such as redness, sensitivity, or mild irritation.
- I have been advised to follow the aftercare instructions provided.
- I agree that all payments made are **non-refundable** once the service has begun.
- I release Elsa Hair and Beauty and its staff from any liability for reactions that occur due to undisclosed conditions or failure to follow aftercare advice.

**Aftercare Advice (for client to keep)**

- Avoid makeup or exfoliating products for 24 hours.
- Keep skin hydrated and protected with SPF.
- Avoid direct sunlight, sauna, or steam for 48 hours.
- Use gentle cleansers and moisturizers.

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

Date: \_\_\_\_\_