

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: _____