

Customer:

Email:

Phone:

Completed: 10 Feb 2026 - 5:53 PM

Device Name: iPhone Mobile Website

IP Address: 31.94.65.3

Location: Ripon GB



Facial Consultation & Consent Form

Facial treatments at J Luxe are designed to cleanse, exfoliate, hydrate, and rejuvenate the skin using clinically selected techniques and medical-grade products. Each treatment is tailored to your skin type and concerns, and may include deep cleansing, extraction, exfoliation, advanced serums, mild resurfacing, microneedling, or targeted rejuvenation methods.

A thorough consultation is required before any treatment to ensure safety, suitability, and optimal results. Your medical history, skincare routine, and lifestyle factors help determine which treatment is appropriate and which techniques or products should be avoided. Honest and accurate information is essential to prevent complications and to create a safe, effective, personalised treatment plan.

1. Client Demographic Information

First Name: Christina

Last Name: Taylor

Address: Flat 1, 578 Kingsland road, 578 Kingsland Road, London, Greater London, E8 4AH

Email: christina.d.m.taylor@gmail.com

Phone: 07554452150

Gender: Female

Birth Date: 9 Jan 1998

Referred by: Treatwell

Medical History & Skin Analysis

2. Are you currently under the care of a doctor or dermatologist?

No

3. If "Yes" please specify

Not Answered

4. Do you have any of the following conditions? Please answer truthfully, this ensures your treatment is safe and effective

Active acne, hyperpigmentation, melasma, eczema, dermatitis cold sores (Herpes Simple), or skin infection

5. If "Yes" to any of these including current medication" or "Other Medical Condition", please specify

Eczema but nothing active on face just dry eyes

CONTRAINDICATION CHECK

Please read carefully. Some conditions listed below are *absolute contraindications*, meaning treatment cannot be carried out under any circumstances. Others are *relative contraindications*, meaning treatment may still be possible but requires adjustment, additional precautions, or postponing the procedure.

Declaring these honestly is essential to protect your safety, prevent complications, and ensure the practitioner can choose the safest and most effective treatment approach.

6. Please tick any that apply:

None of the above

7. Treatment Selection - Please select the treatment you're booked for:

Microdermabrasion Facial

8. How would you describe your skin?

Combination

9. If "Other" please specify

Not Answered

Fitzpatrick Skin Type Assessment

10. Please select the option that best describes your skin's natural colour, how it tans, and how it reacts to sun exposure.

Type III – Medium / Olive Skin sometimes burns but gradually tans to a light brown.

11. What would you most like to improve?

Dull or uneven skin tone

12. When is this appointment scheduled?

10 Feb 2026

13. Have you had any aesthetic treatment (facials, microneedling, injectables, etc) within the last 6 weeks?

Injections of Polyneucelitides under eyes last week

14. Do you have a skincare routine? if yes, please describe it

Hust aveeno moisturiser and cleanser and hyaluronic acid

15. Are you currently on any of the following?

None of the above

Client's Consent (Mandatory)

Photographs are taken before and after treatment for medical documentation and client records.

16. Client Consent (Mandatory) Please confirm each statement:

I confirm that I have read, understood, and agree to follow the pre- and post-treatment information guide provided with this consultation and consent form., I confirm that the information I have provided is accurate, and I have disclosed all relevant medical history and allergies., I understand the general risks associated with aesthetic treatments, including bruising, swelling, asymmetry, infection, or temporary discomfort., I understand that results vary between individuals and that I may require further treatment for optimal or maintained results., I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction., I understand that all aesthetic treatments provide temporary results and will naturally wear off over time, I consent to photographs being taken for my medical record, with optional separate consent for marketing below., I consent to the processing of my personal data in accordance with the clinic's privacy policy and understand I can withdraw consent at any time.

17. Photo & Marketing Consent.

I consent to my photos being used anonymously for training or educational purposes.

18. Please sign and date to confirm that you have read, understood, and agree to the statements above.



✕ Customer's Signature

Feb 10, 2026 - 5:53 PM

19. Client's Name

Chrissy Taylor

✕ Employee's Signature

Feb 10, 2026 - 5:53 PM

21. Employee's Name

N/a

Practitioner Notes (For Internal Use Only)

Assessment:

Batch Number & Expiry Date:

Treatment Given / Units Used:

Post-Treatment Comments: