

Aesthetic Beauty 1

– Client Consent Form –

This consent form is intended to inform you of the nature of the treatment you have requested and to obtain your consent to proceed. Please read the information below carefully and ask any questions you may have before signing.

Client Information

Full Name: _____
Date of Birth: _____
Nationality: _____
Phone Number: _____
Email Address: _____

Treatment Details

Treatment to be performed: _____
Place & date of treatment: _____

Medical Disclosure

Please list **any** medical conditions, allergies, medications, or previous aesthetic treatments:

Additional Health Screening Questions

Are you currently taking any (Presc. /OTC) medications? ☐ Yes ☐ No
If yes, please specify: _____
Have you consumed alcohol in the last 24 hours? ☐ Yes ☐ No
Have you used any recreational drugs in the last 7 days? ☐ Yes ☐ No
Have you had any recent cosmetic or medical procedures? ☐ Yes ☐ No
If yes, please specify: _____
Are you pregnant or breastfeeding? ☐ Yes ☐ No

Consent & Acknowledgment

- I confirm that I have provided complete and accurate information about my health.
- I understand the nature of the treatment, including possible side effects or risks.
- I understand that results may vary and no specific outcome is guaranteed.
- I agree to follow aftercare instructions provided by Aesthetic Beauty 1.
- I release Aesthetic Beauty 1 and its staff from liability for any adverse reactions unless due to proven negligence.
- I give my voluntary consent to proceed with the treatment.

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____

*Thank you for placing your trust in Aesthetic Beauty **I**. We are committed to your safety, comfort, and satisfaction. If you have any questions before or after your treatment, please don't hesitate to reach out. We look forward to taking care of you!*