

FACIAL INTAKE FORM

Location: _____ Form ID: _____

Client Personal Information:

Full Legal Name: _____

Date of Birth: _____ Gender: _____

Government Issued ID Number: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____

Phone Number: _____

Medical History and Conditions:

Please list any allergies, medical conditions, medications, or other health concerns relevant to facial treatments. Include any history of skin conditions, allergies to cosmetics or topical products, and any other pertinent information.

Consent and Authorization:

I hereby consent to the facial treatment and authorize the practitioner to perform the treatment. I understand that the practitioner will inform me of any risks involved and that no guarantees or warranties can be made regarding the results. I affirm that all information provided is accurate and complete to the best of my knowledge. I understand that I may withdraw my consent at any time prior to treatment. I release the practitioner and facility from any liability associated with the treatment, except for gross negligence or willful misconduct.

Client Signature: _____ **Date:** _____

Practitioner Information:

Full Name: _____

License / Certification Number: _____

Signature: _____ Date: _____

Privacy and Data Use:

All personal and medical information provided in this form will be handled in accordance with applicable United States privacy laws. Information will only be used for purposes related to facial treatment services and will not be disclosed to third parties without your explicit consent, except as required by law.

Limitation of Liability:

By signing this form, you acknowledge and agree that the practitioner and facility shall not be liable for any indirect, incidental, special, consequential, or punitive damages arising out of or related to the facial treatment, except where prohibited by law. This limitation applies to all causes of action, including negligence, breach of contract, and strict liability.

Governing Law and Venue:

This Facial Intake Form and any related agreements shall be governed by and construed in accordance with the laws of the United States and the applicable state law. Any disputes arising from or related to this Form shall be resolved exclusively in the state or federal courts located within the appropriate jurisdiction.

CLIENT SIGNATURE

PRACTITIONER SIGNATURE

Signature: _____

Signature: _____

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