

PATIENT CONSENT FORM AND HEALTH QUESTIONNAIRE

I hereby consent to, and authorize JC Skincare to perform a anesthetic or hair removal treatment, or procedure; I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment have been explained to me, along with the risks and hazards involved. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, complications, and the cost of the treatment. I also recognize there are no guaranteed results, and the independent results are dependent upon age, skin condition, and lifestyle, And that there is a possibility I may require further treatment of the treated area to obtain the expected result in additional cost. I have read and understood the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/post treatment care, I will consult with a JC Skincare representative immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known, allergies, or prescription drugs, or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, Jennifer Postlewaite (Corbell), responsible for any of my conditions that were present, but not disclosed at the time of this skincare procedure, which may be affected by the treatment performed today.

Medical History Questions

Please list all of your allergies, medical conditions, and medications:

I agree that I have read (or that it has been read to me) and understand this consent form, and that I understand the information contained in it. I am obligated to inform my esthetician/therapist if any of my conditions change in the future.

This consent form is valid until all or part is revoked by me. The below signed patient, in writing:

Client name (printed)

Client name (signature)

_____Date_____Time