

# Informed Client Consent

Although every precaution will be taken to ensure your safety and well-being before, during, and after your treatment/procedure, please be aware of the following information and possible risks and indicate that you fully understand what to expect.

An easier-to-read PDF of *this* form and *all* documents can be found [HERE \(https://www.skincandyme.com/docs-and-forms\)](https://www.skincandyme.com/docs-and-forms).

**Service Overviews** for your treatment/procedures can also be found [HERE \(https://www.skincandyme.com/docs-and-forms\)](https://www.skincandyme.com/docs-and-forms).

- I hereby consent to and authorize the esthetician to perform today's treatment/procedure.
- I voluntarily agree to undergo this treatment/procedure after the nature and purpose of this treatment/procedure has been explained to me, along with the risks and hazards involved.
- **I have read and understand the Service Overview document for today's treatment/procedure which includes:**
  - **Benefits & Risks:** I have been informed of possible benefits, risks, and complications.
  - **Contraindications:** I understand the importance of disclosing any and all health concerns including health conditions, medications, supplements, and appliances, even if not mentioned as a contraindication.
  - **The Pre & Post Treatment Guidelines document:** I understand the importance of following this advice.
- **New Clients:** I understand that it is imperative to my health and safety that I disclose all of the information requested in the Confidential Health and Skin Care History form. I have cited all conditions and circumstances regarding my health history, allergies, medications, supplements, and prescriptions being taken (orally and/or topically), and any past reactions to products or medications.
- **Ongoing Clients: Before any/all future appointments I will notify my esthetician if**
  - There are any updates or changes to my health or medical history
  - There are any updates or changes to my medications/supplements
  - I've recently had any surgeries
  - I've recently had any cosmetic services, injectables, procedures, etc in the treatment area
  - I've changed my skincare products/routine
- I understand that no specific guarantees of the results can or have been made and that there is the possibility I may require additional treatments/procedures to obtain the expected results at an additional cost.
- **If I have questions or concerns, I will immediately contact my esthetician, JoAnn (Call/text 720-408-5396).**

## CONSENT

I hereby give my consent & authorization, and voluntarily release **JoAnn Dolan** and **Skin Candy Aesthetics** from any claims implied or stated that I have or may have in the future with this treatment, regardless of result.

I give permission to my esthetician to perform the treatment/procedure we have discussed and will hold her and Skin Candy Aesthetics harmless and nameless from any liability that may result from this treatment/procedure. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have been provided sufficient opportunity for discussion and to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician or Skin Candy Aesthetics responsible for any of my conditions that were present but not disclosed at the time of this procedure that may affect/be affected by the treatment performed today. (TO BE ELECTRONICALLY SIGNED VIA GLOSSGENIUS)