

General Consent

Name: _____ Date: _____

In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this General Consent form and ask any questions necessary to help you fully understand it. Please sign at the bottom of page 2 after careful review and consideration.

Initial Patient Assessment - Generally, your first visit here is to establish care as a new client and determine your needs and concerns, though treatment may began today if possible. At this first appointment, we review these forms, your medical history, past surgeries, current health problems and current medications. We will recommend any treatments that may assist you with your concerns as long as these treatments are safe considering your particular health status.

Disclosure of Medical History- I agree that I will disclose a full and accurate personal medical history, including any and all information regarding medical conditions and my use of medications, drugs, herbs, vitamins or other supplements of any kind. I understand that failure to do so may affect my treatment outcome and increase the likelihood or severity of complications.

Confidentiality- I understand that no information regarding services performed shall be released without my express consent except as follows. I understand that authorized personnel at this facility shall have full access to my treatment records.

Use of Photography Consent- I understand that taking photographs of my condition(s) before, during and after treatments is an important component of my care. I give my consent to photograph my condition on any & all dates of my care. I understand that I may revoke my consent in writing at any time. I understand that photographs may be used for documentation purposes and marketing purposes.

I understand that photographs may be taken and/or measurements taken to document treatment results, but they will not be released or used otherwise without my specific written consent. I understand that all efforts will be used to protect my privacy.

I may opt out of this activity by discussing with my provider and indicating my opt out in writing.

Email or Text Usage – We may contact you by text or email to remind you of your appointments, to obtain feedback or to provide information. I consent to receiving text or email messaging to remind me of my appointments and to other healthcare related information via the email address or cell phone I provided to this business unless I request a change in writing.

Skin Care and Body Care Products- I understand that most of the skin care and body care products offered by this facility are professional strength and formulated to aggressively treat problem skin or body issues. I agree that I will use any products obtained from this facility in accordance with the instructions and directions provided to me by the staff and only after becoming acquainted with the product and its recommended use. I realize that I may experience varying degrees of discomfort, redness, burning, peeling, itching, dryness or other symptoms, which may be more apparent in the early stages of use. Some of these products can cause photo sensitivity. SPF is recommended. This business cannot accept returns, and does not offer refunds or exchanges for products.

Continued Consent- I understand that the services generally consist of a series of treatments to achieve maximum benefit, and this consent shall apply to all services rendered to me, including ongoing or intermittent treatments. Results cannot be guaranteed and can vary from person to person. No refunds will be issued for services, products, gift cards or gift certificates.

I have read, understand and agree to the terms of the General Consent.

Client Signature: _____

Printed Name of Witness: _____