



## General Client Consent

We are delighted that you have chosen Northwest Aesthetics for your skincare services. In order for NW Aesthetics to deliver our advanced products and treatments, we are required to provide you with a clear explanation of the treatments, explain the benefits and any possible adverse side effects of the products and treatments, and make available appropriate disclosures of the risks associated with these products and treatments.

In addition to this consent, we will provide you with other treatment consents, based on your skincare plan. We will be retaining copies of all forms you sign and disclosure materials made available to you in electronic form. Therefore, we ask that you acknowledge and agree that electronic copy versions of your original forms are sufficient for establishing our agreement.

### **DISCLOSURE OF MEDICAL HISTORY**

I agree that I will disclose all my medical history to Northwest Aesthetics prior to proceeding with any products or treatments. I will include my complete medical history such as medical conditions, pregnancy or breast-feeding, medications and vitamins or supplements. If I am prone to HSV outbreaks (cold sores), I will inform NW Aesthetics and may be advised to take preventative medication. I will also inform NW Aesthetics of my recent sun exposure and product application to the treatment area prior to each treatment. I understand that failure to inform NW Aesthetics may increase the likelihood of adverse skin reactions or complications after products or treatments and it is my responsibility to disclose all medical and treatment history.

### **CONFIDENTIALITY**

I understand that any personal information, medical history or treatment history will be retained in electronic form. These will not be disclosed to a third party and a copy of my electronic client records cannot be released without my written consent.

### **CONTINUE CONSENT**

I authorize that this consent may apply to all services and treatments that are performed at NW Aesthetics. I understand that most services require a series of treatments in order to achieve maximum benefits and in some cases a maintenance program is recommended to maintain the benefits. This consent will apply to all on-going services or treatments rendered to me by NW Aesthetics.

### **CONSENT FOR PHOTOGRAPHS**

I authorize NW Aesthetics and staff to photograph me before, during and after my procedures for anonymous use for the purposes of medical audit, education and promotion.

### **CLIENT REFERRAL**

As a thank you, Northwest Aesthetics offers a \$50 referral credit for each client that you refer.

### **PRODUCT RETURN POLICY:**

Unused and unopened skin care products may be exchanged for another product or issued account credit within 14 days of purchase.

Prescription products such as Retin-A and Latisse cannot be returned.

### **SERVICES & PACKAGE PURCHASES:**

*Payments for services and package sales are non-refundable.*

If for some reason you are not able to use an un-rendered, pre-paid service, you may do a onetime exchange of the unused portion toward other services.

**Initials**

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## GUARANTEE

I understand that no specific guarantees or results obtained by treatments are implied or made by this consent form.

## CANCELLATION/NO SHOW POLICY

The most valuable thing that you can give someone is your time, and we fully believe that everyone's time should be respected. The 24-hour cancellation policy enables us to do our best to fill these openings—just like you, we'd much prefer another client take your place than charge for a last-minute cancellation/no show. The cancellation policy also enables us to retain good employees as we compensate them for their time even if a client is a "no-show." It is very important that we have time to fill your appointment slot if you decide you need to cancel.

Should you need to cancel or reschedule your appointment, please contact us 24 hours in advance of your scheduled appointment time. Without a 24-hour notice, you will be charged 50% of the scheduled service price. Consultation only appointments will be charged a \$50 fee.

## LATE ARRIVALS

We understand that emergency situations do arise, and we will try to accommodate you as best we can. However, arriving more than 10 minutes late may result in a shortened appointment or a cancellation if there is not enough time to complete the procedure. If your appointment is cancelled due to late arrival you will be charged 50% of the scheduled service price or a \$50 fee if scheduled for a consultation.

## ENVIRONMENT

To maintain a quiet, professional atmosphere, we ask that all guests consider the volume level of their conversations and use of cell phones.

Due to the nature of our services as well as safety concerns, our environment is not conducive to babies and young children, so please, make arrangements for child care prior to your visit.

I certify that I am a competent adult at least 18 years of age. By signing below, I certify that I have read and fully understand the contents of this consent form for the procedure and that the disclosures referred to herein were made to me.

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Client Signature	Print Name	Date
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Witness or Guardian Signature	Print Name	Date
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NW Aesthetics Representative	Print Name	Date
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