NKD SKN

CLIENT INTAKE & TREATMENT CONSENT

SCHAUMBURG · CHICAGOLAND — BY APPOINTMENT · @NKDSKN.AESTHETICS

1 Your Details

Full name _____ Date of birth _____

Phone _____ Email _____

How did you hear about us? _____

Emergency contact _____ Emergency phone _____

2 Health & Skin History

Please check any that apply — this keeps your treatment safe and lets us tailor it to you. Everything is confidential.

- ☐ Pregnant or nursing
- ☐ Recent sunburn or tanning (incl. self-tanner)
- ☐ Known allergies (products, latex, foods)
- ☐ Diabetes or circulatory conditions
- ☐ Sensitive skin, rosacea, eczema, or psoriasis
- ☐ History of keloid or abnormal scarring
- ☐ Active acne, cold sores, or open lesions
- ☐ Epilepsy or seizures (relevant for LED)
- ☐ Retinoids / Retin-A / tretinoin (past 7 days)
- ☐ Photosensitivity or light-sensitizing medication
- ☐ Accutane / isotretinoin (past 6 months)
- ☐ Blood thinners or bleeding disorder
- ☐ Recent chemical peel, laser, or microneedling
- ☐ Currently under a doctor's care / recent surgery
- ☐ Botox or filler (past 2 weeks)
- ☐ Autoimmune condition or undergoing cancer treatment

Allergies / sensitivities _____

Current medications & topical products _____

Skin concerns / goals for today _____

3 What to Expect

— **Facials & LED:** Services are for skin wellness and relaxation and are non-medical. Temporary redness, warmth, or mild breakout ("purging") can occur. LED is avoided with epilepsy or light-sensitizing conditions.

— **Waxing:** Temporary redness, tenderness, or ingrown hairs may occur. Waxing is **not performed** on skin using retinoids, on Accutane within 6 months, or on sunburned/broken skin, due to the risk of lifting or removing skin.

I understand results vary from person to person, that no specific outcome is guaranteed, and that my esthetician is not a physician and does

not diagnose or treat medical conditions.

4 Consent & Agreement

I certify that the information above is accurate and complete, and I will inform NKD SKN of any changes to my health or medications. I understand it is my responsibility to disclose relevant conditions.

I voluntarily consent to receive esthetic services from NKD SKN. I release NKD SKN and its practitioner from liability for any reaction or injury arising from conditions I did not disclose, or from failure to follow the pre- and post-care guidance provided to me.

I acknowledge the cancellation & deposit policy: a deposit reserves my appointment, and at least 24 hours' notice is required to reschedule or cancel.

☐ **Photo consent (optional):** I permit NKD SKN to take before/after photos and use them anonymously for education or promotion. Faces are never shown for intimate-area services.

Client signature _____ Date _____

Parent/guardian (if under 18) _____ Date _____