

CLIENT CONSENT FORM

Full Name:	Date of Birth:	Contact Number:
Email Address:		
Emergency contact name and contact number:		
Have you had a CACI facial treatment before, if so please state?		

Medical History & Conditions: Please answer the following questions to the best of your knowledge. Your answers will help ensure a safe and effective treatment. Check all that apply:

<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Tumours
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Thrombosis/Phlebitis	<input type="checkbox"/> Heart related conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Severe muscular conditions	<input type="checkbox"/> All forms of Cancer
<input type="checkbox"/> Metal pins and plates	<input type="checkbox"/> Metal pins and plates	<input type="checkbox"/> Skin Inflammation/Infections/Diseases
<input type="checkbox"/> Prosthesis/Silicone/Dental Implants	<input type="checkbox"/> Contraceptive coil	<input type="checkbox"/> Under/Overactive thyroid
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Bells Palsy	<input type="checkbox"/> Stroke
<input type="checkbox"/> Other, please state		

Are you currently taking any medications (oral or topical)?
Do you have any allergies (e.g. skincare ingredients, latex, nuts)?
Have you had any recent surgeries, aesthetic or medical treatments (e.g. Laser/IPL, Microneedling, Semi-Permanent Makeup, Chemical Peels, Botox, Injectables)?

Skin Care Routine:

What skincare products do you currently use? (Cleanser, toner, moisturiser etc.)
Do you use any active ingredients? (Retinol, AHAs, BHAs etc.)
Areas of Concern:
What are your primary skin concerns?
Are there specific areas of your face you would like to target?

Treatment Guidance for Minors

Treatments should not be performed on anyone under the age of 14 years old. The general consensus is that all minors' (under age of 18) wishing to have treatments need to have written/signed consent from a parent or guardian, stating that they are happy for the treatment to go ahead. Although it is not law to have a responsible adult present when carrying out treatments, it is advisable.

Consent:

- The information I have given is to the best of my knowledge correct. I have not withheld any known medical history or condition.
- I understand that to achieve optimal results, I will need multiple treatments.
- I understand that results may vary in different treatment areas and that results are not guaranteed.
- I understand that there may be temporary side effects such as redness, tingling, or sensitivity following the treatment.
- I consent to having before and after treatment photos taken.
- I consent to the CACI facial treatment and release the provider from liability for any adverse effects that may occur as a result of undisclosed medical conditions or allergies.
- I have read and understand the consent form, the treatment has been explained to me and my questions have been addressed and answered to my satisfaction.

Client Signature:
Therapist Signature:
Date:

This form has been produced by CACI International on behalf of the beauty establishment. We hold no responsibility for how your data is stored and managed.

TREATMENT RECORD CARD

	Date	Treatment	Treatment Information	Products used	Photo (✓)	Therapist Name
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

HOME CARE ADVICE:

CACI PRODUCT RECOMMENDATIONS: