

# Sample Esthetician Consent Form

For reference use only. May not be legal in your jurisdiction.

## Microcurrent Therapy Consent Form

### Client Information:

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Session Details:** I, the undersigned, consent to receive microcurrent therapy sessions performed by a licensed esthetician in accordance with the terms outlined in this consent form. This consent covers any number of microcurrent sessions performed within six (6) months from the start date indicated below.

**Start Date:** \_\_\_\_\_

**What is Microcurrent Therapy?** Microcurrent therapy is a non-invasive treatment using low-level electrical currents to stimulate facial muscles, improve skin tone, and promote collagen production for a rejuvenated appearance.

### Potential Benefits:

- Enhanced facial toning and lifting
- Improved skin texture and elasticity
- Reduced appearance of fine lines and wrinkles

**Possible Risks and Side Effects:** While microcurrent therapy is generally considered safe, potential side effects may include:

- Temporary redness or tingling
- Minor skin irritation
- Muscle twitching during the session

**Contraindications:** Microcurrent therapy is not suitable for individuals with the following conditions:

- Pacemaker or other implanted electronic devices
- Pregnancy
- Epilepsy or seizure disorders
- Active cancer or undergoing chemotherapy
- Heart conditions
- Metal implants in the treatment area
- Open wounds or active skin infections in the treatment area

- Recent surgery or Botox/filler treatments within two weeks

**Client Acknowledgment and Consent:** I understand that:

1. Microcurrent therapy is a cosmetic treatment and not a medical procedure.
2. Results may vary, and no guarantees are made regarding the outcome.
3. I will inform the esthetician of any changes in my health status or medications.
4. This consent remains valid for six (6) months from the start date listed above.

I have read and understood the above information. My questions regarding the procedure have been answered to my satisfaction. I understand the risks and benefits and consent to receive microcurrent therapy sessions.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Esthetician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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