Treatment Consent Form

Registered Nurse-led skin treatments

01 YOUR DETAILS

FULL NAME

DATE OF BIRTH | PHONE | EMAIL

ADDRESS | POSTCODE

EMERGENCY CONTACT — NAME | PHONE

02 TREATMENT TODAY

- Deluxe Glow Facial
- Chemical Peel Facial
- Microneedling Facial
- Dermaplane Facial
- BioRePeel
- Combination treatment (specify)

IF COMBINATION OR OTHER — PLEASE SPECIFY

03 MEDICAL HISTORY

Please tick anything that currently applies. If you are unsure, leave blank and we'll discuss in person.

- Pregnant / breastfeeding
- Currently on isotretinoin (Roaccutane) — last 12 months
- Diabetes
- Cancer — current or recent treatment
- Known allergies (incl. latex, lidocaine, salicylates)
- Botox or filler in the last 2 weeks
- Active skin condition (eczema, psoriasis, cold sores)
- History of keloid or hypertrophic scarring
- Autoimmune condition
- Blood-thinning medication
- Recent sun exposure, sunbeds or fake tan (7 days)
- None of the above apply

DETAILS — MEDICATIONS, ALLERGIES, ANYTHING ELSE WE SHOULD KNOW

04 RISKS & ACKNOWLEDGEMENT

I understand my treatment is a non-surgical skin procedure delivered by a Registered Nurse. Common, expected reactions include temporary redness, mild swelling, tightness, dryness and flaking. Less common reactions can include prolonged redness, breakouts, post-inflammatory pigmentation, and — with peels and microneedling — pinpoint bleeding, scabbing or a delayed healing response. Results vary between individuals and a course is usually needed for meaningful change. I have had the opportunity to ask questions and have received aftercare guidance.

- The information I have provided is accurate and complete to the best of my knowledge.
- I have received and understood the aftercare advice for my treatment.
- I consent to before/after photographs for my clinical record (these will not be shared without separate written consent).
- I consent to my anonymised photographs being used on @sknbystas social media (optional — leave unticked to decline).
- I consent to SKN BY STAS holding my personal and medical data for the purpose of safe treatment, in line with UK GDPR.

05 SIGNATURE

CLIENT SIGNATURE (TYPE FULL NAME) | DATE

PRACTITIONER — ANNASTERSIA, RN | DATE