

## [SERVICE] CLIENT CONSENT ACKNOWLEDGEMENT

**This treatment consent template is a general example providing guidance on the fields pertinent to many medical spa services. It is essential to review all documents and forms with a lawyer in your area before using them in your business, as the standards may vary for different treatments, service methods, and regions.**

### **1. Client Information:**

- Full Legal Name.
- Date of Birth.
- Contact information (Phone number, email address, and mailing address).

### **2. Medical Spa Information:**

- Name of your medical spa.
- Your contact information for any follow-up questions your client may have.

### **3. Confirmations:**

- Instruct clients to initial each line. Include any vital confirmations you might need to receive from the patient before treatment, for example:
  - I certify that all of the information I have provided is true.
  - I understand the complications that may arise with [condition, like pregnancy, smoking, alcohol intake, or sun exposure] and certify that this does not apply to me.
  - I confirm that I am at least 18 years of age at the time of treatment.
  - I understand that results are not guaranteed and that multiple treatments may be required to achieve desired results.

- I confirm that I do not have any known allergies to [product]
- I understand that this treatment or service is purely elective.

#### **4. Treatment Consent Main Points:**

- Here is where you may highlight the main points of the more detailed treatment consent form, clarifying the most common misunderstandings, and ensuring the patient is informed on main points that may get lost in the medical jargon, for example:
  - I understand [side effect] is common, and that [condition] may make this side effect more likely.
  - I acknowledge that [severe side effect] is rare but possible, and I wish to move forward with treatment.
  - I confirm that if [severe side effect] occurs, I will contact emergency services immediately.

#### **5. Client acknowledgement and signature**

- Provide a statement, like “I acknowledge that all of the above is true, and I wish to proceed with the proposed treatment plan.”
- Client signature.
- Date of the client's signature.
- Medical provider or director signature.
- Date of medical provider or director's signature.