

# Humber Bay Shores

Beauty & Spa

celluma

## Client Consent Form

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have any of the following conditions:

Epilepsy / Seizures **Yes**  **No**

Are you on Retin A **Yes**  **No**

Photosensitivity to medications **Yes**  **No**

Accutane (wait 6 months) **Yes**  **No**

Pregnant / Breast feeding **Yes**  **No**

Cortisone / Steroid Injections (wait 1 week) **Yes**  **No**

**The information I have given above is correct, to the best of my knowledge. I understand that the therapist is relying upon this information to provide a safe and effective treatment.**

Name \_\_\_\_\_ Date \_\_\_\_\_