



Holistic Face Lift Massage Consent Form

The Holistic Face Lift Massage is a comprehensive facial treatment that has a therapeutic effect on several areas of the body and various body systems. This treatment includes lymphatic drainage massage, sculpting and modeling massage, intraoral massage, as well as scalp, neck and shoulder massage.

The following information is provided to ensure your safety and to confirm that you are a good candidate for this treatment. Please read this information carefully.

CONTRAINDICATIONS to Holistic Face Lift Massage:

- Anyone under the age of 18
- Acute conditions requiring first aid or medical attention (ex. kidney stones, hepatitis, etc.)
- Acute pain anywhere in the body
- Systemic contagious or infectious diseases, including common cold, flu, and COVID, while actively unwell and 7 days after a full recovery
- Fever
- Recent operations including plastic surgery
- Pregnancy
- Spinal disk hernias, bulging, thinning or degenerative disks
- Pathologies of lymphatic system including inflammation of lymphatic nodes and damaged lymphatic vessels
- Heart problems, angina, arrhythmia, pacemakers
- Severe unstable hypertension
- Nose bleeding



- Autoimmune thyroid dysfunction
- Unmanaged thyroid dysfunction and thyroid conditions of various etiology
- Benign tumors and various cancers, including post cancer and cancer in remission, unless has been cleared for a treatment by their medical provider
- Epilepsy
- Acute neuralgia
- Bell's palsy, ramsay hunt syndrome, inflammation of trigeminal/facial nerve, post stroke, unless has been cleared for a treatment by their medical provider
- Unmanaged nervous or psychotic conditions, and/or excessive emotional excitability
- Being under the influence of drugs or alcohol, including prescription pain medication
- Moderate to severe rosacea and couperose skin
- Acute, moderate, to severe acne
- Open cuts, wounds, sunburn and other acute skin inflammation on the treatment areas (face, neck, décolleté, scalp)
- Psoriasis, neurodermatitis, eczema on the treatment areas (face, neck, décolleté, scalp)
- Active herpes outbreak of various etiology
- Recent dental surgeries, or dental implants or braces that may impede treatment
- Bleeding or inflammation of the gums, mouth ulcers
- Botox injections in the last 5 weeks
- Dermal filler injections in the last 5 weeks
- Mesothreads and thread-lifting in the last 3 months

If you have had dermal filler injections on the areas of face, neck or décolleté, please state how long ago and which areas:



LEGAL CONSENT

Please read the information carefully, tick each box as appropriate.

- ☐ I have reviewed all of the stated contraindications to this treatment and I confirm that none of them apply to me. I have answered any questions honestly. I take it upon myself to keep Collective Skin Care updated on my health if any changes occur.
- ☐ I understand that results of this treatment will vary among individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome. I have been advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other results of this treatment.
- ☐ I understand that the therapist does not diagnose, prevent or treat illness, disease or any other physical or mental conditions.
- ☐ I understand that this treatment is not a substitute for medical treatments and/or diagnosis, and that it is recommended that I see a qualified professional for any physical or mental condition that I may have.
- ☐ I was provided and explained the safety issues surrounding receiving this treatment. I have had the opportunity to ask any questions and I confirm that they have been answered in a satisfactory manner.
- ☐ I understand that a part of this treatment will be performed intraorally whereby the therapist will be working inside of the oral cavity wearing gloves, and I confirm that I'm comfortable with receiving this part of the procedure.



- ☐ I indemnify and hold my therapist and Collective Skin Care harmless for any injuries or negative effects I may experience as a result of having the treatment done.

- ☐ I consent to be photographed and/or videotaped before and after treatment for assessment purposes and to track my progress. I understand that these images or videos will be stored securely along with my other forms and records, and I have the right to remove any parts of my personal data at any time by requesting to do so in writing.

This consent form is valid until all or part is revoked by me in writing.

Print Name

Signature

DATE: MONTH, DAY, YEAR

Collective Skin Care

Clinic Name