

# Carju Rajah Esthetic Tiado : Consent for Use of Services

Please answer the questions and sign after carefully reading the note below.

## < Skin/Physical Condition >

1. Are you currently receiving hospital treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you currently taking medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you undergone any esthetic treatment within the last six months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you experienced any allergic reaction to cosmetic products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you shaved your face within the last two weeks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are you pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you currently having your period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you drunk alcohol today?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you have claustrophobia or nyctophobia?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Do you currently have any bruise or injury on your body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Do you have any metal or a pacemaker implanted in your body?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## <Note Regarding Treatment>

- ◆ If you answered "yes" to any of the above questions or for similar reasons, we may decline to provide you with treatment for your own safety.
- ◆ Please inform us of any change in your physical or skin condition from that during the previous treatment.
- ◆ We shall not be liable for any problems that may arise if you make a false declaration.
- ◆ If you are receiving medical treatment, consult a doctor before undergoing treatment.
- ◆ Please follow our instructions regarding clothing in the salon.
- ◆ We shall not provide treatment for those with tattoos.
- ◆ You may experience temporary fatigue or reddish skin after body treatment.
- ◆ Please avoid rubbing the skin strongly and prolonged exposure to direct sunlight on the day of treatment.
- ◆ Please avoid intense physical activity on the day of treatment.

## Consent for Treatment

I fully understand the contents mentioned above,  
and agree to undergo treatment.

To : Carju Rajah Esthetic Tiado

Day/Month/Year: \_\_\_\_\_

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

Guardian's name: \_\_\_\_\_

(\*if under 20 years old)