CYRENA

Informed Consent Form — Facials

Signature Deep Cleansing, Express Glow & Microcurrent **Risk level: Medium**

Services Covered

This consent form applies to: Signature Deep Cleansing Facial · Express Glow Facial · Microcurrent Lift Booster.

What to Expect

Facial services involve deep cleansing, exfoliation, steam, manual extractions, mask application, and the use of active serums tailored to your skin type. The Microcurrent Lift Booster uses low-frequency electrical stimulation to tone facial muscles and firm contours.

Risks & Considerations

Facial treatments are generally well-tolerated. Please be aware of the following:

→ Manual extractions: mild redness or temporary post-extraction marks are normal. Avoid sun exposure for 24 hours.

→ Active ingredients: serums and masks contain active compounds (AHA, Vitamin C, niacinamide). Sensitivity varies by skin type.

→ Microcurrent: contraindicated in clients with pacemakers, metal implants in the face, epilepsy, or pregnancy. Not suitable for clients with active acne, rosacea flare-up, or broken skin.

→ Steam: not suitable for clients with severe rosacea, open skin lesions, or extreme heat sensitivity.

→ Post-facial purging: a temporary increase in breakouts may occur in the 48–72 hours following a first deep cleanse facial — this is normal.

Skin & Health Checklist

Health & Skin Question	Yes	No	If yes, please detail
Do you have a pacemaker or any electronic implant in the face or head?	☐ Yes	☐ No	Details: _____
Do you have epilepsy or a history of seizures?	☐ Yes	☐ No	Details: _____
Are you currently pregnant or breastfeeding?	☐ Yes	☐ No	Details: _____

Do you have active acne, rosacea, or eczema currently?	☐ Yes	☐ No	Details: _____
Are you using prescription skin medications (Roaccutane, Tretinoin, cortisone creams)?	☐ Yes	☐ No	Details: _____
Have you had facial filler, Botox, or cosmetic surgery in the last 4 weeks?	☐ Yes	☐ No	Details: _____
Do you have known allergies to any skincare ingredients (AHAs, Vitamin C, fragrance)?	☐ Yes	☐ No	Details: _____
Have you had a facial reaction or adverse skin response in the past?	☐ Yes	☐ No	Details: _____
Do you have metal implants in the jaw or face (dental implants excluded)?	☐ Yes	☐ No	Details: _____

Current Skincare Routine

Key products currently using (including any acids, retinol, prescription items):

_____

_____

Aftercare Acknowledgement

- Apply SPF 30+ sunscreen daily for at least 5 days post-facial.
- Avoid active exfoliants (AHA/BHA), retinol, and Vitamin C serums for 48 hours post-treatment.
- Do not pick, squeeze, or touch treated areas — especially post-extraction.
- Avoid saunas, steam, and intense exercise for 24 hours.
- Use the post-facial products recommended by your therapist for optimal results.

Photography & Social Media Consent

Cyrena Collective may wish to photograph or video the results of your service for use on our website, Instagram, and other marketing channels. This is always optional and your service will never be affected by your decision.

I consent to Cyrena Collective photographing/filming my results and using these images on social media and marketing materials. I understand my face may or may not be included, and I can withdraw this consent at any time.

I consent to photography of results only (e.g. hair, nails, lashes) — no face, no identifying features.

I do not consent to any photography or use of my image for marketing purposes.

CLIENT DECLARATION & SIGNATURE

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand the nature of the service(s) to be performed, the associated risks, and the aftercare requirements. I consent to the treatment proceeding on this basis.

This consent is required at your first facial service and must be renewed annually or when your skin health or medication changes.

Client full name: _____

Date of birth: _____ **Date of consent:** _____

Signature: _____

Therapist: _____