



CLIENT AGREEMENT FORM

_____ We *must* adjust your home care routine every two weeks to keep your progress to clear skin moving forward. If we don't change how you do your home care often enough, your skin will adapt to the regimen and stop responding (in other words, you won't get clear). I agree to contact my skincare professional so we can adjust your home care regimen at least every two weeks.

_____ Each time we strengthen your home care, we run the risk of drying and irritating your skin, so you will need to communicate that to us if that happens. I agree to contact my skincare professional if my skin gets uncomfortably dry and irritated.

_____ I will not use any other products that have not been approved by my skincare professional while I am on their regimen.

_____ I will not change the regimen given to me by my skincare professional without notifying or consulting with them first.

_____ I will not run out of product while working with my skincare professional. When you stop using products (or run out) acne will start forming inside the pores and you will see it about a month later.

_____ I will not have other skin care treatments while I am being treated by my skincare professional.

_____ I will inform my skincare professional of any medications/drugs that I start taking while using their regimen.

_____ I will use my sunscreen every morning, regardless of whether or not I will be going outside. The sunscreen will help to keep your skin moisturized. Without it, your skin will get too dry.

_____ I will not get sunburned or wind burned while being treated by my skincare professional. (You will not be able to use your active products; and we will not be able to do treatments on you.)

_____ I will inform my skincare professional if I elect to do any laser treatments or waxing for hair removal.

_____ (For women) - I will inform my skincare professional if I get pregnant.

_____ **MOST IMPORTANTLY:** If we are unable to improve the condition of your skin due to factors beyond our control, *but within yours*, we reserve the right to decline treatments. (That is, if you are not following our instructions pertaining to home care, doing your home care, lifestyle issues, etc.)

I, _____, hereby agree to all of the above.

Date

Signature