GloTheory

LUXURY CARE. INTENTIONAL RESULTS.

Body & Intimate Skincare Consent

For Pretty Peach Treatment, Vajacial, and Crowned Jewel Treatment services. Please complete before your appointment so treatment suitability, comfort, and professional boundaries can be reviewed.

Treatment Information

Which treatment are you receiving?

■ Pretty Peach Treatment ■ Vajacial ■ Crowned Jewel Treatment

Irritation in treatment area? ■ Yes ■ No

Open skin, sores, rash, or infection? ■ Yes ■ No

Recent shaving or waxing? ■ Yes ■ No

If yes, when?

Ingrown hairs or bumps present? ■ Yes ■ No

Known sensitivities in treatment area? ■ Yes ■ No

Medication used on treatment area? ■ Yes ■ No

Anything else we should know?

Body & Intimate Skincare Treatment Consent

I voluntarily consent to receive the body or intimate skincare treatment I scheduled with GloTheory. I understand that this is a professional skincare service performed only on the appropriate external skin of the treatment area.

I understand that intimate skincare treatments do not include internal examination, sexual contact, or services outside the stated scope of treatment. Hair removal is not included unless expressly listed as part of a separately booked service. Appropriate draping and professional boundaries will be maintained throughout the service. I may ask questions, request adjustments to positioning or draping, decline any portion of treatment, or request that treatment stop at any time.

Treatment may include cleansing, exfoliation, hydration, masking, and appropriate extractions depending on the service booked and condition of my skin. I understand that temporary redness, sensitivity, tenderness, irritation, or other temporary skin reactions may occur.

I confirm that I disclosed relevant irritation, broken skin, allergies, sensitivities, medications, recent shaving or waxing, and other information that may affect treatment. I understand that GloTheory may modify, postpone, or decline treatment when necessary for safety or when a contraindication is present. Individual results vary and no specific result is guaranteed.

By signing below, I confirm that I understand the nature and professional boundaries of this service and voluntarily consent to treatment.

Client Name: _____

Client Signature: _____

Date: _____

Esthetician Review / Initials: _____