



HEALTH LICENSING OFFICE
Board of Cosmetology

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Cosmetology – Esthetics Client Record and Waiver Form

Oregon Administrative Rule (OAR) requires that an esthetics certification holder providing esthetic services be responsible for collecting and maintaining copies of client records. This form may be used to collect the required basic client information as stated in OAR 817-015-0065. Please see rule language below for the full requirements.

You must keep this client record at the facility for a minimum of three years and must be made available upon request from the Health Licensing Office. Client records must be typed or printed in a legible format and may be stored electronically.

1. Client Information

Form section for Client Information with fields for Last Name, First Name, Middle Initial, Address, City, State, Zip, Phone, Birthday, and Email.

2. Practitioner's Information

Form section for Practitioner's Information with fields for Last Name, First Name, Middle Initial, and Practitioner's Certificate Number.

3. Information on Services Provided

Form section for Information on Services Provided with fields for Date of Service and multiple Type of Service entries.

If the service(s) provided do not include a chemical peel or dermaplaning, skip to section 7 – Client Consent.

4. Chemical Peels or Dermaplaning Services (if applicable)

If the service(s) provided include chemical peels or dermaplaning, documentation of the following is also required.

Form section for Chemical Peels or Dermaplaning Services with fields for Location of the Procedure on the Body, Special Instructions or Notations relating to the client's medical or skin conditions, Complete List of the Client's Sensitivities to Medication or Topical Solutions, Description of any complications during procedure(s), and Any Referral to a Healthcare Professional.

5. Chemical Peel Services (if applicable)

If the service(s) provided include chemical peels, documentation of the following is also required.

CHEMICAL USED ON THE CLIENT INCLUDING THE BRAND NAME OR MANUFACTURER:

TYPE OF CHEMICAL PEEL:

NUMBER OF LAYERS OF CHEMICAL PEEL SOLUTION:

LENGTH OF TIME THE CHEMICAL WAS LEFT ON THE CLIENT'S SKIN:

PROCESS OF APPLYING VERY SUPERFICIAL OR SUPERFICIAL PEEL:

DESCRIBE THE PRE AND POST-TREATMENT CARE OF CLIENT:

6. Chemical Peels and Dermaplaning Services Information (if applicable)

As the practitioner, if providing a chemical peel or dermaplaning service, you must obtain your client's signature acknowledging that they have received and understand the following information and consent to the nonablative esthetic procedure(s) described in section 3 of this form.

- | | |
|---|---|
| <input type="checkbox"/> Explanation of procedure(s) | <input type="checkbox"/> Adverse outcomes |
| <input type="checkbox"/> Risk(s) of the procedure(s) | <input type="checkbox"/> Contraindications |
| <input type="checkbox"/> Description of potential complications | <input type="checkbox"/> Alternatives |
| <input type="checkbox"/> Description of potential side effects | <input type="checkbox"/> Aftercare instructions |

7. Client Consent

As the client receiving service(s) today, I acknowledge I have received information regarding the items check marked above and understand the information as described.

Client Signature:

Date:

Client Waiver and Refusal to Provide Personal Information

Oregon Administrative Rule requires that a certified esthetician providing esthetic services be responsible for collecting and maintaining copies of client records.

A certified esthetician is prohibited from providing services to a client who refuses to provide their personal information unless the client signs a waiver documenting the client's refusal to provide the required information. The signed waiver must be retained on file for a minimum of three years after the service was provided.

Client Signature:

Date:

817-015-0065

Client Records

- (1) A practitioner providing esthetic services is responsible for collecting and maintaining copies of client records. If client records are maintained by the facility, the facility license holder must provide the practitioner who is providing the service, with copies of those client records upon request. The record must include:
- (a) Client information including the client's name, address, telephone number, type of service, date of birth, and date of service;
 - (b) The name of the practitioner and practitioner certificate number who is providing the service, and special instructions or notations pertinent to providing esthetic services including, but not limited to, bleeding disorders, allergies or sensitivities to chemicals or products or complications during service(s); and
 - (c) Medical advice, if obtained.
- (2) Client records must be kept at the facility for a minimum of three years and must be made available upon request from the Office.
- (3) Client records must be typed or printed in a legible format and may be stored electronically. Client records that are not readable by the Office will be treated as incomplete.
- (4) If a practitioner is acting in a dual capacity and providing services outside their scope of practice, the capacity under which the person is working must be clearly documented in the client's record.
- (5) If providing chemical peels or dermaplaning, the esthetician must also document:
- (a) Location of procedure on the body;
 - (b) Special instructions or notations relating to the client's medical or skin conditions;
 - (c) Complete list of the client's sensitivities to medicines or topical solutions;
 - (d) Description of complications during procedure(s);
 - (e) Any referral to a health-care professional; and
 - (f) If providing chemical peels, the chemical used on the client, including the brand name or manufacturer, type of chemical peel, process of applying very superficial or superficial peel including number of layers of chemical peel solution, the length of time the chemical is left on the client's skin, pre- and post-treatment care.
- (6) For the purpose of procedures listed in subsection (5) of this rule upon initial visit the practitioner must obtain signature from the client that they have received and understand the following information and consent to the nonablative esthetic procedure:
- (a) Explanation of procedure;
 - (b) Risk(s) of the procedure;
 - (c) Description of potential complications or side effects;
 - (d) Adverse outcomes;
 - (e) Contraindications;
 - (f) Alternatives; and
 - (g) Aftercare instructions.
- (7) Following initial visit referenced in subsection (6) of this rule and if for the same procedure a practitioner may have the client initial, that the client has received information listed in subsection (6) of this rule and document any refusal to initial the client record.
- (8) Information listed in subsection (5), (6) and (7) of this rule may be combined with other documentation used by the practitioner.
- (9) A practitioner is prohibited from providing services to a client who refuses to provide the personal information required in subsection (1)(a) of this rule unless the client signs a waiver form documenting the client's refusal to provide the required information. The signed waiver form must be retained on file in the manner required in subsection (2) of this rule.
- (10) For the purpose of this rule, practitioner means an individual certified in esthetics.

Statutory/Other Authority: ORS 690.165, ORS 676.615, ORS 676.568 & ORS 690.005

Statutes/Other Implemented: ORS 690.165, ORS 676.568 & ORS 690.005

History:

[BOC 5-2019, amend filed 12/18/2019, effective 01/01/2020](#)

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BOC 1-2014, f. 2-27-14, cert. ef. 3-1-14

BOC 1-2008, f. 5-27-08, cert. ef. 6-1-08

BOC 1-2006, f. & cert. ef. 3-15-06

BOC 1-2004, f. 6-29-04, cert. ef. 7-1-04

BOC 1-2002, f. 5-31-02 cert. ef. 6-1-02