



Chemical Peel Client Consent Form

SECTION 1: MEDICAL HISTORY FORM/HEALTH QUESTIONNAIRE

Date _____ Birth Date _____ Age _____ DL or ID# _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Emergency contact person _____ Phone# _____

Have you had any of the following procedures, suffer from the following diseases/conditions, or are taking any of these medications? (Circle YES or NO)

YES/NO	Accutane/Retin-A within year	YES/NO	Rosacea
YES/NO	Allergies	YES/NO	Raised Lesions
YES/NO	Blood Thinner	YES/NO	Scleroderma
YES/NO	Chemotherapy/Radiation within the past 6 months?	YES/NO	Skin Cancer
YES/NO	Diabetes	YES/NO	Sensitive Skin
YES/NO	Food/drug allergies	YES/NO	Skin Cancer
YES/NO	History of scarring/Keloiding	YES/NO	Sun Burn
YES/NO	Hormonal therapy that produces thick pigment	YES/NO	Tattoos/Permanent Makeup
YES/NO	Eczema/Psoriasis/dermatitis	YES/NO	Thick Dark Facial Hair
YES/NO	Extremely Oily Skin	YES/NO	Recent use of topical agents such as glycolic acids, alpha-hydroxy acids and Retin-A
YES/NO	Irritated or Broken Skin	YES/NO	Vascular Lesions
YES/NO	Pregnant/Breast Feeding	YES/NO	Skin irritation
YES/NO	Recent Chemical Peels		

SECTION 2: ACKNOWLEDGMENTS, AGREEMENTS, RISKS, AND, CONSENT

Please initial before each statement to accept your acknowledgement and agreement to the following:

I, _____, have read the below information and initialed each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my skin therapist. I give permission to my skin therapist to perform the chemical treatment we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I understand my skin therapist will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I do understand that, very rarely, permanent damage occurs. I have given an accurate account of any over-the-counter or prescription medications that I use regularly, and I am not presently using (nor have I used within the last year) isotretinoin (Accutane), Retin-A, Acyclovir or tranquilizers. I have not had any facial surgical procedures, piercings, tattoos, permanent cosmetics, or other chemical peels or skin treatments that I have not disclosed to my skin therapist. I am not ingesting or using topically any other over-the-counter product or prescription medication/agent that has not been disclosed to my skin therapist. I am not presently pregnant or lactating and I am over the age of eighteen (18). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn or broken skin. I have not recently waxed or used a depilatory (such as Nair) on the area to be treated. I do not have a history of keloid scarring, diabetes, any auto immune disease, active herpes blisters, or any other existing condition that may interfere with the positive outcome of this treatment.



Chemical Peel Client Consent Form

_____ I understand that I should not have a chemical peel if I intend to continue to have excessive sun exposure. It has been explained to me that the treated area will be more sensitive to the sun as a result of the treatment and will require regular use of sunscreen.

_____ I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my therapist.

_____ My expectations are realistic and I understand that the results are not guaranteed and that for maximum results, more than one application may be required. The rate of improvement of my skin depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels, or acne condition.

_____ I understand that this procedure is expected to make the skin feel uncomfortable while being applied, but agree to inform the skin professional immediately if I have concerns or am overly uncomfortable during treatment or after I return home.

_____ I agree that I am willing to follow recommendations by my therapist for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my therapist and I acknowledge that I have been informed of the possible negative reactions (intense erythema, welts, scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my therapist immediately.

_____ I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client Name (printed) _____

Client Name (signature) _____ Date _____

FACIAL PRE CARE:

- It is ideal that you remove your makeup before arriving, especially if you wear full coverage. If you must wear makeup, I can remove your makeup, but please be advised this will take approximately 5 minutes off your facial time.
- Do not arrive with a freshly washed and blow-dried hair style as your hair will be covered with a turban. While I will make every effort protect your hair from wetness, there is a possibility your hairline and/or hair might get wet.
- Let me know if you'd like to leave your mascara on. Some clients feel naked without any mascara on, especially if they have errands to run after their appointment.

CHEMICAL PEEL POSTCARE

- Avoid aerobic exercise or vigorous physical activity until all redness has subsided.
- Use an SPF of 30 or greater.
- Avoid direct sunlight exposure immediately following the treatment (including any strong UV light exposure and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater. Sunscreen (with at least a SPF of 15) should become a part of your daily skin care regimen as your skin will become more sensitive to the sun as a result of this treatment.
- Cleanse the treated area twice daily and follow up with SPF 30+ sunscreen.
- Moisturize your face
- Do NOT apply any type of glycolic acid or exfoliation products as this can severely damage or irritate the skin during the entire healing process.
- DO NOT peel, rub, or scratch your skin at any time, whatsoever. This WILL cause damage and compromise your results as well as possibly cause severe scarring.
- If you experience painful areas of the face, please contact us immediately.
- In the event that you may have additional questions or concerns regarding your treatment or suggested home product/post-treatment care, contact us immediately.