



Client Health History & Consent: Chemical Peel

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home/Cell Phone: _____ Work: _____
Email: _____ Preferred Contact: Cell _____ Work _____ Email _____
Emergency contact name: _____ Phone: _____
Relationship to you: _____

SKIN TYPE: Review the skin types below, using the Fitzpatrick Scale, and check the one that best describes your skin. This information will be used by your technician to determine the most appropriate way to approach your treatment(s):

- I. Very fair skin; blonde or red hair; light-colored eyes; freckles common
- II. Fair skinned; light hair, light eyes
- III. Very common skin type; fair; eye and hair color vary
- IV. Mediterranean Caucasian skin; medium to heavy pigmentation
- V. Mideastern skin; rarely sun sensitive
- VI. Black skin; rarely sun sensitive

Are you of Asian heritage (Class V) and/or have a history of keloid scarring? Yes No

Please list the products you use regularly:

Facial Cleanser _____ Moisturizer _____
Toner _____ Serum _____
Scrubs _____ Sunscreen _____
Retinol _____ Glycolic Acid _____
Enzymes _____ Peptides or Growth Factors _____

Cosmetic History

How would you describe your skin? Normal___ Combination___ Oily___ Dry___

When were you last exposed to the sun (including tanning beds)? _____

Do you use sunless tanning products? Yes ___ No ___ If yes, when was it last applied? _____

Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma? Yes ___ No ___ If yes, please describe: _____

Have you had any facial surgical procedures, piercings, tattoos, permanent cosmetic procedures, or other chemical peels within the past year? Yes ___ No ___ If yes, when? _____

Describe your experience: _____

Are you currently pregnant or breastfeeding? Yes No

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Are you currently using, or have you used in the past year, any of the following?

Isotretinoin (Accutane) Tretinoin (Retinoic Acid) Acyclovir Glycolic Acid Salicylic Acid
Adapalene (Differin) Hydroquinone Azelaic Acid Lactic Acid Spironolactone

If yes, when? _____

Are you using any topical creams, lotions, or oral antibiotics for acne, skin cancer, antiaging or hyperpigmentation? Please List: _____

Have you ever had any of the following injectables or implants?

Botox Juvederm Radiesse Restylane Perlane Silicone Collagen
Sculptra Dysport Other: _____

If yes, when? _____ What body area(s)? _____

Have you had any facial cosmetic surgeries/procedures, piercings, metal implants, tattoos, or use of a pacemaker within the past year? Yes ___ No ___ If yes, when? _____

Have you had any laser resurfacing treatments in the past six weeks? Yes ___ No ___ If yes, when? _____

Have you used any of the following hair removal methods in the past six weeks?

___ Shaving ___ Waxing ___ Electrolysis ___ Tweezing ___ Threading ___ Depilatories

Health History

Have you had chemotherapy in the past 6 months? Yes ___ No ___

Do you have any allergies to medications, food, latex, topical products, and/or other substances that would prohibit this treatment?

Do you have any of the following conditions?

___ Eczema ___ Dermatitis ___ Hormone imbalance ___ Pregnancy and/or breastfeeding
___ Autoimmune disease ___ Herpes Simplex (cold sore) ___ Diabetes

Do you have any other health condition(s) not mentioned here? Yes ___ No ___ If yes, please list:

Have you consumed drugs or alcohol in the last 24 hours? Yes ___ No ___

Please list all vitamins and supplements including herbal remedies you take regularly: _____

Please list all current medications including aspirin, ibuprofen, blood thinners, etc. you take regularly:

Is there anything else you would like us to know? _____

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Although every precaution will be taken to ensure your safety and well-being before, during, and after your chemical peel treatment, please be aware of the following information and possible risks and indicate that you fully understand what to expect. Please initial:

I understand that there are risks and complications associated with having a chemical peel and that, very rarely, permanent damage occurs. I understand that my skin therapist will take every precaution to minimize or eliminate negative reactions. I acknowledge that I have been informed of the possible negative reactions (ie: intense erythema, blisters, sores, welts, scabs, or other reactions), and the expected sequence of the healing process (ie: dryness, irritation, redness, and/or peeling of the skin).

I understand that this chemical procedure is expected to make the skin feel uncomfortable while being applied but agree to inform the skin therapist immediately if I have questions, concerns, or am overly uncomfortable during treatment or after I return home. In the event that I may have additional questions or concerns regarding my treatment or the suggested home product/post-treatment care, I will consult my skin therapist immediately. I understand that if I choose to consult a physician, that I do so at my own expense.

I understand that I should not have a chemical treatment 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 understand and agree to follow the home-care instructions and recommendations provided by my skin therapist. I understand that 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, avoiding the sun/tanning booths, avoiding extreme weather conditions, avoiding excessive exercise, and using a moisturizer specifically recommended to me by my skin therapist. I realize and accept that the consequences of failure to adhere to these instructions may yield undesirable results.

I understand that results are not guaranteed and 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 conditions.

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

I understand that this agreement will remain in effect for this procedure and all future procedures conducted by my skin therapist.

I have read the above information. I have accurately answered the questions above, including all known allergies, medications, or products I am currently ingesting or using topically, and am over the age of 18 years old. I give permission to my skin therapist to perform the chemical treatment we have discussed and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I understand the procedure and accept the risks. I 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. I do not hold the skin therapist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure that may be affected by the treatment performed today.

By signing below, I verify that I have read and understand the above statements and agree to them.

Client Name (Printed):

Client Name (Signature):

Date:

Skin Therapist:

Date:

POLICIES

We require 48-hour notice for cancellations and 24-hour notice to reschedule wax appointments. Cancellation for Monday must be phoned in on the Friday before. In the event of a late cancellation or no-show appointment the card used to reserve your appointment will be charged \$75 for the facial and \$20 for the wax appointment. If I am able to fill the appointment with a client from the waiting list, I am happy to waive the fee.

NO SHOW appointments are subject to 100% of the cost of the appointment reserved. I am reasonable and understand that life happens, but being stood up will not be tolerated. Please arrive 5 minutes before your scheduled appointment so we have plenty of time for your service.

If you are not satisfied with your service or products, please contact your skin care professional within 24 hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information:

Client Signature _____ Date _____