

CLIENT INFORMATION

Full Name: Date of Birth:

Address:

Email:

Telephone:

MEDICAL HISTORY

Do you have any Medical Conditions? YES NO If yes, please provide details below:

Are you taking any medication? YES NO If yes, please provide details below:

Are you taking any supplements? YES NO If yes, please provide details below:

Do have any allergies? YES NO If yes, please provide details below:

Are you allergic to nuts? YES NO

Are you currently taking aspirin? YES NO

Are you currently pregnant or breastfeeding? YES NO

YOUR SKIN:

Do you have any of the following skin conditions?

- Psoriasis YES NO
- Eczema YES NO
- Rosacea YES NO
- Acne YES NO

Have you ever experienced skin sensitivity to any products or facial treatments?

YES

NO

If yes, please provide details below:

Have you had any advanced facial treatments in the last 6 months?

YES

NO

If yes, please tick which treatment:

Laser IPL Microdermabrasion Injections Chemical Peels Micro-needling Other

If other, please tick which treatment:

Do you have any previous history of skin cancer?

YES

NO

Would you burn in the sun within 20 minutes without SPF?

YES

NO

What is your skin type?

Very Fair Fair Cream White Olive Brown Dark Brown Black

How do you find your skin? Oily Combination Sensitive Dry Normal

Please state your skin concerns (if any):

Please state any products you are currently using:

What are your expectations from using products?:

Products you may be interested in purchasing:

CLIENT DECLARATION

I confirm I have had the opportunity to ask questions, that these have been answered to my satisfaction, and that I freely choose to proceed with my treatment. I confirm to the best of my knowledge that the answers given are correct and I have not withheld any information. I understand that results cannot be guaranteed.

Client Signature:

Date:

Practitioner Signature:

Date:

For concerns, please contact: #01234 567890# or youremail@gmail.com

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.

TREATMENT EXPLANATION

Chemical Peels range from very superficial to medium, designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED:

Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, healing problems, dermatitis or inflammatory rosacea in the area to be treated. Inform your practitioner if you have any history of these or of herpes Patients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment Patients who have taken Accutane within the past year Patients who are pregnant or breastfeeding (lactating) Patients who have received chemotherapy or radiation therapy Patients with Vitiligo or Psoriasis (consult with practitioner first) Patients with a history of an auto-immune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system

ONE WEEK BEFORE YOUR DERMACEUTIC PEEL, AVOID THESE PRODUCTS AND/OR PROCEDURES:

- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal
- Patients who have had BOTOX® injections should wait until the full effect of their treatment is seen before receiving a chemical peel.

TWO TO THREE DAYS BEFORE YOUR DERMACEUTIC PEEL, AVOID THESE PRODUCTS AND/OR PROCEDURES:

- Retin-A -Any products containing retinol, alpha -hydroxy acid (AHA) or beta-hydroxy acid (BHA), or benzoyl peroxide
- Any exfoliating products that may be drying or irritating
- Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic fillers, microdermabrasion, etc.) should wait until skin sensitivity completely resolves before receiving a Chemical Peel. Discuss with the practitioner.

Note: These products/treatments, before your peel, may increase skin sensitivity and cause a stronger reaction or complications.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR CHEMICAL PEEL:

It is common and expected that your skin will be red, possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a Chemical Peel: skin breakout or acne, rash, swelling, and burning. These can be temporary or permanent. Burns, ulcers, scars, and other complications are unlikely but can occur and can be temporary or permanent. Call the clinic immediately if you have any unexpected problems after the procedure.

PLEASE READ AND INITIAL THE FOLLOWING:

I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section

- I understand that the actual degree of improvement cannot be predicted or/guaranteed.
- I understand that I may need several of these peels to achieve optimal results.
- I understand that for optimum results, the post-peel instructions must be followed, utilising skin care products recommended by my practitioner.
- I understand the warning signs of problems and know to call the clinic immediately.

By my signature below, I acknowledge that I have read this Consent form and understand it.

I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction.

I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this Chemical Peel.

I will immediately call the clinic or Practitioner as stated above with any questions, concerns, or signs of problems.

Client Signature: Date:

Practitioner Signature: Date:

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PRACTITIONER TO FILL IN THIS SHEET:

Patient Name: Date:

Has the patient done a peel before? YES NO If yes, please provide details below:

Patient's current skin condition to be treated with a peel:

Type of chemical peel:

Lot# on peels for bottle #2:

and bottle #3:

Was Step #1 - Cleansing treatment performed?

YES NO

Was Step #2 - Peeling Solution applied?

YES NO

How many passes?

Was Step #3 - Post Peel Solution applied?

YES NO

How many passes?

How did the patient's skin react to the peeling solution?

Was sunscreen applied post-peeling solution?

YES

NO

Was the patient given post-peel instructions to follow, a prescription regimen sheet during peeling time, told what products not to use, and not to pick at skin?

YES

NO

Was the patient told what to expect regarding when they will begin peeling and for how long?

YES

NO

Did the patient purchase the required post-care products?

YES

NO

Schedule a follow-up call with the patient or follow-up visit:

Telephone/Mobile Number:

Follow-up Date:

Post instructions given:

Instructed the patient of warning signs (redness, swelling, bleeding, signs of infection or other) that the patient should call about immediately:

YES

Skincare Given:

YES

Practitioner

Date: