

Chemical Peel – Client Intake Form

Name: _____ Date of Birth: _____ Gender: Female/Male

Address: _____ City: _____

State: _____

Home Phone: _____ Work Phone: _____

Circle all skin concern(s) that you are seeking improvement on:

PIGMENT AGING ACNE ROSACEA

OTHER: _____

Are you pregnant or breast feeding? Yes/ No

If yes, you are contraindicated for a chemical peel

Do you have permanent makeup? Yes/ No

Do you wear contacts? Yes/ No

Have you recently had facial or body waxing, or any other hair removal at home? Yes/ No

Do you currently have sun-burned or wind-burned skin? Yes/ No

If yes, you are contraindicated for a chemical peel

Do you have extended outdoor plans in the next 7 days? Yes/ No

Do you plan to participate in vigorous exercise in the next 2 days? Yes/ No

Have you had any active skin care treatments in the past 21 days? Yes/ No

If yes, how long ago? _____

List all topical products in the past 7 days: _____

List all prescriptions used in the past 2 weeks: _____

Have you recently undergone any surgery or laser treatments in the area to be treated? Yes/ No

If yes, list details: _____

Do you receive injectables? (Botox, fillers) Yes/ No

Do you develop cold sores? Yes/ No

Please list all known allergies or sensitivities: _____

Describe your ethnic background: _____

How would you describe your skin?

circle one: SENSITIVE NORMAL RESILLIENT

Client Intake & Health History - Chemical Peels

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Email Address: _____ Emergency Contact: _____

Phone: _____

Please answer the following:

Do you have any health problems? ___ No ___ Yes, please describe:

Are you currently using or used in the past and of the following?

___ Retinoic Acid ___ Hydroquinone ___ Accutane ___ Acyclovir ___ Glycolic/Salicylic/Lactic Acid.

What strength? _____ How often? _____ Have you ever had a reaction to any of these? _____

Are you pregnant, lactating or trying to conceive?

Are you on Hormone Therapy? _____

What kind/strength? _____

Are you on birth control? _____

What kind/strength? _____

Have you ever had a reaction to any cosmetic or skin care product?

With sun exposure does your skin: ___ Always burn ___ Usually burn ___ Rarely burn ___ Never burn

Do you have brown/white/red spots? ___ If yes, for how long?

Do you have any history of acne or breakouts? ___ If yes, where?

What type? ___ Pimples ___ Whiteheads ___ Blackheads ___ Cysts ___ Pustules ___ Milia ___ Rashy

Are you taking any medication to control acne? ___ If yes, what kind?

Does your skin ever flake or feel tight and dry? ___ Often ___ Occasionally ___ Rarely ___ Never

How soon after you cleanse do you see a shine on your face, if ever? ___ 15-60 mins ___ 1-3

hrs ___ 4+ hrs

Have you recently had Botox®, Dermal Fillers, Laser Resurfacing, or any Cosmetic Surgery? If yes, please explain?

Does your skin heal quickly and normally from cuts, burns, scrapes, and surgeries? ____ Yes
____ No, please explain:

Do you wax or use depilatories on your face? ____ No ____ Yes,
what type? _____

Have you ever in your life had a cold sore, fever blister, or Herpes Simplex 1?

List any medications or supplements you take on a regular basis?

What conditions do you wish to improve with your peel(s)?

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

Client Intake & Health History - Chemical Peels

Name: _____ Date: _____

Address: _____ Phone: _____

DOB: _____ Email Address: _____ Emergency Contact:

Phone: _____

Client Consent for Treatment – Chemical Peels

*You have the right to be informed about your chemical peel skin treatment and its effects.

* A chemical peel is not a cure for any skin condition. However, for certain conditions, PCA Skin Peel/ Green Peel can provide marked improvement in the appearance of ones skin. Peels are designed to stimulate the skin, to help generate new cells, produce collagen and increase the blood flow. It is important that you have a thorough understanding of what a chemical peel can do for your particular skin condition. It is imperative that you acknowledge the potential issues associated with each type of PCA Skin Peel/ DR Christine Scrammek Green Herbal Peel.

_____ I acknowledge that I have not been on Accutane® (acne Rx) within the past 6 months.

_____ I acknowledge that I have not been using Retin-A® or any other form of Retinoic Acid for the past 2 weeks.

_____ Although chemical peeling can lighten hyperpigmented skin, I acknowledge that there is NO GUARANTEE that dark discoloration of the skin will be reduced or faded. My face may temporarily develop uneven color, especially if I have uneven skin color before the peel.

_____ I acknowledge that during the application my skin may tingle, sting, or feel warm.

_____ I acknowledge that immediately after the peel, my face may appear frosted or sunburned, and by day two the skin may darken in color, feel tighter and be more sensitive. On days 2- 7 (approximately) my skin may slough. I acknowledge that pulling or picking at skin may lead to infection, hyperpigmentation or scarring.

_____ I may experience a breakout after the peel that will normally disappear as the skin heals.

_____ I am aware and acknowledge that there is a possibility of an allergic reaction. I have discussed thoroughly with my Esthetician any such reactions & understand the care that would be necessary in the event of a reaction.

_____ I have had a chemical peel patch test done, or _____ I waive the chemical peel patch test and accept all responsibility for any allergic reactions.

_____ I acknowledge that if I have acne, the acne condition may temporarily worsen after the peel. Chemical peels make extractions of the comedones easier and the acne will ultimately improve if I continue treatment as directed by my Esthetician.

_____ I acknowledge that if I fail to use a sunblock after the peel, hyperpigmentation can result, and that my skin is more susceptible to sunburn.

_____ I acknowledge that if I have EVER had a cold sore (Herpes Simplex) around or on the area to be chemically peeled, I may need to get a prescription for Acyclovir from my physician prior to having a chemical peel. (Peels may exacerbate the Herpes Virus) I have

answered the Client History for Peels Form to the best of my ability. My Esthetician has answered any and all questions regarding my peel process, pre and post care. I certify that I have read and understand ALL of the above unpredictable and unforeseen results that may occur by administration of a chemical peel. I consent to receive a chemical peel treatment from my Esthetician at Keren Facials, LLC.

Client Signature: _____ Date: _____

I certify that I have discussed ALL of the above with the client and I have offered to answer any questions regarding the peel.

Esthetician Signature: _____ Date: _____