



CHEMICAL PEEL PROCEDURE CONSENT

INFORMED CONSENT

Client Name _____

Address _____

Phone _____ email address _____

Are you currently using, or have you used within the past year: tretinoin, isotretinoin (Accutane), Retin-A, Acyclovir, Differin, Tazorac, EpiDuo, Ziana, or tranquilizers? Yes No

If yes, please indicate what and when last used: _____

Do you have a history of diabetes, autoimmune disease, active herpes blisters, or any other existing condition that may interfere with the outcome of this treatment? Yes No

List any allergies you have: _____

List any illnesses, medical conditions, or medical treatments you have recently received that would prohibit or compromise the process of this chemical peel treatment

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

Have you had any recent radioactive or chemotherapy treatments, sunburns, windburns, or broken skin? Yes No

Have you recently waxed or used a depilatory (ie: Nair) on the area to be treated? Yes No

Are you currently pregnant or breastfeeding? Yes No

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 esthetician 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 (redness), blisters, white heads, sores, swelling, welts, scabs, numbness, permanent discoloration (particularly in people with dark skin), 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 could make the skin feel uncomfortable while being applied but agree to inform the esthetician immediately if I have questions, concerns, or am overly uncomfortable during treatment or after I return home. If I have additional questions or concerns regarding my treatment or the recommended product and/or aftercare-treatment instructions, I will consult my esthetician 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 because of the treatment and will require regular use of sunscreen with SPF 30 or greater.



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_____ I understand and agree to follow the after-care instructions and recommendations provided by my esthetician. 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 esthetician. 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, smoking damage, or acne conditions.

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

_____ I agree to refrain from tanning in a tanning bed or outdoors while undergoing treatment, and during the 14 days prior to and following the end of the treatment.

_____ I have not had any other chemical peel or any kind of peel within 14 days of this treatment. I understand that I cannot have another chemical peel within 14 days this treatment whether it is performed at this location or any other location.

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

I have read the above information. I have truthfully and 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 voluntarily give permission to my esthetician 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 esthetician, 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 certify that I have read and initialed the above paragraphs and have had explained the consent and procedure, I accept full responsibility for the decision to have the chemical peel procedure done. I give Spa by Nikki permission to perform my chemical peel procedure.

(Client Signature)

(Date)

(Client Name)

(Spa By Nikki Signature)