

Chemical Peel Consent

What is a Chemical Peel?

Chemical peels are cosmetic treatments that can be applied to the face, hands, and neck. They are used to improve the appearance, feeling, and texture of the skin.

What should you expect during the treatment?

During this procedure, chemical solutions will be applied to the area being treated which then causes the skin to exfoliate and eventually peel off. Once this happens the new skin underneath is often smoother, appears less wrinkled, and will be less damaged.

I understand my skin care professional will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have read the information below and fully understand what to expect.

- I have completed my intake form and have, to the best of my knowledge, been truthful about my physical conditions, pregnancy, medications (both oral and topical), and my current skin care regimen. I am also aware that my lifestyle, which if it includes smoking, outdoor sun exposure, tanning beds, excessive alcohol consumption and/or recreational use of controlled substances, will affect and diminish the effectiveness and result of treatment.
- I have disclosed to my skin care professional any surgical procedures, laser treatments, or facial procedures that I have had or intent on having in the future.
- I am not presently pregnant or lactating.
- I have not had any recent chemotherapy or radiation treatments.
- I have not recently waxed or used depilatory on the area being treated today. I do not have history of keloid scarring, diabetes, any autoimmune disease, active herpes blisters or sores.
- I have not had any other peel treatment of any kind within 14 days of treatment. I understand I cannot have another treatment within 14 days of this treatment.
- I agree to refrain from excessive sun exposure or the use of a tanning bed while I am undergoing treatment and during the 14 days following the end of the treatment.
- I understand that sun exposure is prohibited while I am undergoing treatment and that the use of sunscreen of SPF 30 or higher is mandatory.
- I understand the purpose of this peeling procedure is to exfoliate the outer surface of my skin. Some of the benefits include lessening of pigmentation, reduction in appearance of fine lines and wrinkles, and control of certain conditions such as acne or occasional breakout.
- I understand that the following conditions preclude me from having this treatment at this time and verify that none of these conditions apply to me at this time.
 - Allergic to Aspirin or any salicylic sensitivity
 - Broken skin on areas to be treated
 - Sunburn or windburn skin
 - Visible inflammation or inflammatory lesions
 - Recent peels within 8 weeks
 - Herpes virus on mouth (cold sores)
 - Use of Accutane within the past 12 months

- Use of Glycolic Acid products
- Use of Retin-A, retinoids, renova, vitamin A in the past 4 weeks

I understand the possibility of peeling, flaking, hyperpigmentation, and excessive dryness. I agree to use the products specifically recommended by my skin care professional including sunscreen. My expectations are realistic and I understand that the results are not guaranteed and that for maximum results, more than one application may be necessary.

I have voluntarily elected to undergo this treatment slash procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

I understand that many changes may occur deeper within the skin over time. When participating in a series of treatments, along with a commitment to a daily skin care regimen, noticeable differences are the outcome. You may see a reduction of fine lines, a softening of deeper wrinkles, reduction of discoloration, softening and possible reduction in scars, and an overall improvement to your skins tone and texture.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) _____ Date _____

Client Name (signature) _____

Skin Care Professional (signature) _____