

Erin Meier Aesthetics/Permanently Perfect Cosmetics, LLC

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CHEMICAL PEEL INTAKE FORM: (Epionce/PCA)

Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ABOUT YOU: (Circle all that apply)

What is your hereditary background?

Nordic / Scandinavian / Irish / English / Asian / Mediterranean / Hispanic / Native American / Middle Eastern / African American / Other

Natural Eye Color: _____ **Natural Hair Color:** _____

Do you consider your skin: Sensitive / Resilient / Unsure

Describe your skin:

Normal / Dry / T-Zone-Combination / Thick / Thin / Saggy / Firm / Oily / Comedones: Blackheads / Milia / Cysts / Breakouts / Acne-Scarred / Large Pores / Small Pores / Rosacea / Eczema / Freckled / Sun-damaged / Melasma / Hypopigmentation / Hyperpigmentation / Uneven: Blotchy / Mature / Wrinkled / Patchy Dryness / Sallow / Psoriasis / Dehydrated-Lacking Moisture / Asphyxiated / Telangiectasia: Broken Capillaries

What are the changes you would most like to see in your skin?

LIFESTYLE: (Circle all that apply)

	YES	NO
Are you pregnant or lactating?		
Do you currently have a sunburned/windburned/red face?		
Do you wear contact lenses?		
Are you in the habit of going to the tanning booths?		
Have you tanned or been in the sun in the last 14 days?		
Do you exercise?		
Do you work outdoors?		
Do you smoke or use tobacco?		

MEDICAL HISTORY AND TREATMENT: (Check all that apply)	YES	NO
Do you currently use depilatories or wax? (Must discontinue use for 5 day pre/post procedure)		
Have you had laser hair removal or similar treatments in the area being treated within the last 48 hours ?		
Have you had a chemical peel or any type of medical procedure in the last 14 days ?		
Have you had Botox, Dermal Filler or collagen Injections in the last 5 days ?		
Have you had laser resurfacing or facial surgery?		
Have you ever undergone Accutane therapy? (Must have been off Accutane for 6 months) If so how long ago?		
Do you develop cold sores/fever blisters? (Herpes Simplex)		
Have you ever used any products that have caused a bad reaction?		
Are you currently taking blood thinners or heat sensitive medication?		
PLEASE CIRCLE ALL THAT APPLY:		
Are you currently taking any medications, topical or otherwise? (These products may increase sensitivity and much be discontinued for 2 weeks prior to treatment.) Tretinoin / Retin-A / Renova / Differin / Tazorac / Avage / EpiDuo / Ziana		
Are you allergic/sensitive to: Milk / Apples / Citrus / Grapes / Aloe Vera / Aspirin / Perfumes / Latex / Hydroquinone / Mushrooms / Salicylic Acid / Onion Extract / Apple Extract		

POST – PROCEDURE EXPECTATIONS AND CARE: (Please Read)

- It is important to follow all post-care instructions carefully; including using recommended products for home care to increase results.
- Mineral makeup may be worn immediately following the procedure if desired.
- You may begin reusing Epionce MelanoLyte Tx or Lytic product 24 hours after procedure if no signs of irritation are present. It is recommended not to use Retin-A or Tretinoin for at least 5 days after procedure.
- A series of 2-6 peel procedures may be necessary to see maximum desired results.
- It is highly recommended to avoid prolonged sun exposure, excessive heat, hot rooms and hot water temperature while the skin is healing.
- It is normal to experience mild stinging and tightness, but it should subside within 24-48 hours following the procedure. Prior to skin sloughing, skin may darken temporarily due to abnormal desquamation, generally 1-3 days post-peel. It is common to experience some temporary skin discoloration, dryness and flaking usually around the nose and lips. Calming Cream will help relieve those symptoms. You must let the treated skin exfoliate naturally. Do NOT pick at or peel the affected area, due to risk of scarring or infection.

CHEMICAL PEEL CONSENT FORM: (Epionce/PCA)

PLEASE INITIAL

_____ Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, Such as: Pregnancy, recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or prescription medication such as: Tretinoin / Retin-A / Renova / Differin / Tazorac / Avage / EpiDuo / Ziana / Accutane

_____ I understand there may be some degree of discomfort such as stinging, pin-prickling sensation, heat or tightness.

_____ I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, ect.

_____ I understand multiple treatments may be needed to achieve desired, maximum skin care results.

_____ I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement.

_____ I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

_____ I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the physician/aesthetician who preformed the treatment.

_____ I agree to refrain from tannin in tanning beds or outdoors while I am undergoing treatment, and during the 14 days prior to and following the end of treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.

_____ I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and daily use of sunscreen protection with a minimum SPF of 30 is mandatory.

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

_____ I understand the contraindications and risks associated with this procedure.

_____ I understand that I should follow the recommendations for post-procedure skin care to minimize side effects and maximize results.

ACKNOWLEDGMENT:

By signing below, I certify that I have read and fully understand the contents of this consent (permission) form for the Epionce or PCA Chemical Peel System and that the disclosures referred herein were made to me.

Signature (Client of Guardian)

Print Name & Relationship

Date

Signature (Professional/Physician)

Print Name

Date