

CHEMICAL PEELING CONSULTATION CARD

PERSONAL DETAILS

Full Name		Date	
Occupation		Home Telephone number	
Date of Birth		Email	
Mobile		General Practitioner's (GP) Details	
Address		Dr Name:	
Town/City		Address:	
Eircode		Contact Number:	

How did you hear about us?

Have you read our pre-treatment information pack that we have sent via email?

YES NO

For further discounts, do you want to join our loyalty scheme?

YES NO

If so, how would you like to be contacted?

TEXT EMAIL BOTH

PLEASE NOTE: We do not pass your confidential information onto any third parties.

MEDICAL HISTORY

Are you currently receiving medical treatment?	YES	NO
Details:		

CHEMICAL PEELING CONSULTATION CARD

MEDICAL CONDITIONS Please TICK any of the following that applies to you

Photo-Sensitive Epilepsy		Thrombosis/Phlebitis (blood clots)	
Photo-Sensitive Migraines		Low Blood Pressure	
Cancer or History of Cancer		Are you prone to fainting spells	
Auto Immune Disease		Hyper-Sensitive Skin	
HIV+Blood		Vitiligo	
Any type of Hepatitis		Chloasma/Melasma	
Heart/Cardiac Disorders		Varying Skin Pigmentation	
Pacemaker/Internal Metal Pins		Skin Infections	
Thyroid Therapy		Skin Conditions e.g. psoriasis, eczema	
Kidney Disease		Skin Allergies:	
Asthma		E.g. to rubber gloves	
Depression/Anxiety		to Aloe Vera	
Lupus		to Tea Tree	
Diabetes		Other allergies	
Shingles (within the last 6 months)		Moles on Treatment Area	
Keloid Scarring		Herpes Simplex/Cold Sores	
Recent Surgery		Deep Fillings/Crowns	
Poor Wound Healing		Others	

MEDICINES & SUPPLEMENTS

<p>Roaccutane Antibiotics Have you recently taken Antibiotics? YES NO</p> <p>St John's Wort Iron Supplements Gold Injections Cancer Treatment/Medication</p>	<p>Steroids Have you recently taken Steroids? YES NO</p> <p>Hormone Therapy Mood Stabilizers Anti-Depressants Other:</p>
--	--

LIFESTYLE

<p>Smoker Alcohol Consumption (within the last 24 hours)</p>	<p>Recent Sun/ UV Exposure Botox/Fillers (within the last 4 weeks)</p>
--	--

WOMEN ONLY N/A

<p>Pregnant Breastfeeding Hormone Replacement Therapy Contraceptive Pill Irregular Menstrual Cycle</p>	<p>Polycystic Ovarian Syndrome Endometriosis Hormone Imbalance Hirsutism Hypertrichosis</p>
--	---

CHEMICAL PEELING CONSULTATION CARD

SKIN TYPE & UV EXPOSURE

Have you sunbathed or used a sunbed during the past 4 weeks?
(Please specify when)

Are you planning a sun holiday or planning to use sunbeds during the next year?
(Please specify when)

How does your skin respond to sun exposure?

Always burns, never tans
Sometimes burns, always tans

Always burns, sometimes tans
Never burns, always tans

SKIN HISTORY

Please complete the appropriate section only

What area/s do you wish to treatment?

FACE

BODY

Details:

What are your concerns with your skin?

Have you had any Laser or IPL treatment performed in the past?

YES

NO

Details:

Have you had any other cosmetic skin treatments?

YES

NO

Details:

Do you apply sunscreen or a product containing sun protection daily?

YES

NO

Regular Skincare brands and products used:

Morning:

Evening:

Occasional:

CHEMICAL PEELING CONSULTATION CARD

RISKS OF CHEMICAL SKIN PEELS

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic Beauty therapists to make sure you understand all possible consequences of chemical skin-peeling and other forms of skin treatment.

Infection: Although infection following chemical skin peels is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur /reoccur following a chemical peel. This applies to both individuals with a history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the procedure in order to suppress an infection from this virus. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your Beauty therapists of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infections in other parts of the body, may lead to an infection in the operated area.

Scarring: Although good wound healing after a procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Color Change: Chemical-peeling agents can permanently lighten the natural color of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin has occurred after chemical peels. A line of demarcation between normal skin and skin treated with chemical peeling agent can occur. Redness after a chemical peel may persist for unacceptably long periods of time.

Accutane (Isotretinoin): Accutane is a prescription medication used to treat certain skin diseases. If you have ever taken Accutane, you should discuss this with your Beauty therapists. This drug may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased taking it.

Individuals who have taken this drug are advised to allow their skin adequate time to recover from Accutane before undergoing skin treatment procedures.

Allergic Reactions: In rare cases, allergies have been reported to drugs and agents used for chemical-peeling or skin treatments, tape, suture materials and glues, blood products, topical preparations, and preservatives used in cosmetics. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

CHEMICAL PEELING CONSULTATION CARD

Lack of Permanent Results: Chemical peel or other skin treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. No technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical-peel procedure.

Heart Problems: Chemical-peeling preparations containing phenol have been reported to produce abnormal heart beats that may require medical treatment should they occur during the procedure. This is a potentially serious problem.

Skin Discoloration / Swelling: Some swelling normally occurs following a chemical skin peel. The skin in or near the procedure site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods and, in rare situations, may be permanent.

Skin Sensitivity: Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur. Usually this resolves during healing, but in rare situations it may be chronic.

Damaged Skin: Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following treatment by lasers or other surgical techniques. The occurrence of this is not predictable. Additional treatment may be necessary. If you have ever had such treatments, you should inform your Beauty therapists.

Unknown Risks: There is the possibility that additional risk factors of chemical skin peels and skin treatments may be discovered.

PRE & POST TREATMENT CARE

- **No laser treatments 2 months before and 1 after**
- **No waxing or shaving 5 days before and 15 days after**
- **No swimming pools, sauna, or steam in the next 7 days**
- **Use the routine recommended by your therapist**

CHEMICAL PEELING CONSULTATION CARD

CHEMICAL PEEL CONSENT FORM & DISCLAIMER

Patient's name _____ A chemical peel can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size, increase hydration and moisture retention, give skin a smoother appearance and diminish the appearance of hyperpigmentation. Layers of product are applied based on your unique skin composition and needs. Multiple treatments are required in order to obtain optimal results spaced 2-6 weeks apart. Due to variables such as age, condition of your skin, sun damage, smoking, skin care products, climate, life-style, and general health, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results.

Contraindications: **1.** Pregnancy/Lactating **2.** Herpes Simplex (cold sores or fever blisters). An anti-viral medication may be necessary prior to treatment. **3.** Extensive sun or tanning 3 days prior and 3 days post treatment. **4.** Accutane in the past 6 months to 1 year. **5.** Topical retinol products in the past 2 weeks. **6.** Waxing of area to be treated in the past 7 days. **7.** Any other chemical peel within 14 days of the treatment. **8.** Skin must be healthy and intact. **9.** An allergy to aspirin.

I am aware of the following **risks/complications that may occur:** **1.** Mild to moderate discomfort or pain **2.** Slight redness or swelling **3.** Sun sensitivity **4.** Skin sensitivity **5.** Pigment changes **6.** Scarring **7.** Allergic reaction **8.** Bacterial infection

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure. I consent and authorize the therapist of Dundrum Cosmetic Clinic _____ to perform one or more chemical peels on me. I certify that I have read this entire informed consent and I understand and agree to the information provided in the form. My questions regarding the procedure have been answered satisfactorily. I hereby release the therapist of Dundrum Cosmetic Clinic _____ from all liabilities associated with this procedure. I understand that Dundrum Cosmetic Clinic and the therapist _____ are not responsible for my personal actions or choices before, during or after using any of our products or any secondary effect caused after the treatment .

This consent is valid for all of my chemical peel treatments in the future as well.

Client's Signature

Date

Therapist's Signature

Date