DERMAPLANING & CHEMICAL PEELS CONSENT

NAME: ______________________ DATE: __________

CHECK ALL THAT APPLY

- ☐ Acne
- ☐ Diabetes
- ☐ Pregnant
- ☐ Breast Feeding
- ☐ HIV/AIDS
- ☐ Frequent Cold Sores
- ☐ Bleeding Disorders
- ☐ Cancer

PRESCRIBED THE FOLLOWING

- ☐ Blood thinners
- ☐ Retinol/Retin-A
- ☐ Acne Medications
- ☐ Accutane
- ☐ Topical Creams
- ☐ Aspirin Allergy
- ☐

PLEASE INITIAL NEXT TO EACH INDIVIDUAL AGREEMENT

______ I have not had the following treatments within the last week: Chemical peels, Laser Hair Removal, Waxing, Extensive sun or tanning, or Electrolysis

______ I have not used the following products within the last week: Topical acne creams/gels, Retinol/ Retin-A, Depilatory Creams, Exfoliating/ Abrasive products

______ I understand that a sterile surgical blade is used for this procedure. The blade is held at a 45 degree angle and stroked along the face, very similar to shaving.

______ I acknowledge that there is the possibility of nicking or cutting the skin, as a blade is used in this procedure. However, the incidence of cutting into the skin is slim.

______ I understand that blading of the skin is performed primarily on the face excluding the nose, eye lids, neck, or chest, and may be performed every 3 – 4 weeks. Blading removes 2-3 weeks' worth of dead skin cells & vellus hair.

______ I understand that following the treatment my skin may appear red and feel like it has a slight sunburn.

______ I have been advised that my peel treatment can consist of any of the following: glycolic acid, mandelic acid, salicylic acid, lactic acid, citric acid, resorcinol or retinol, and I have no known allergies to any of these ingredients.

______ I have no known allergies to Aspirin

______ If I am prone to cold sores I will obtain an anti-viral medication prior to this service.

______ I have been informed that dermaplaning DOES NOT cause the hair to grow back thicker or darker. The structure of the vellous hair is not damaged during blading, however, because the hair is cut, I may feel a blunt edge. But once the hair completes its growth cycle the new hair that grows in will be fine vellus hair.

______ I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact the therapist immediately should this happen.

______ I am aware that the following possible side effectys may include but are not limited to: redness, swelling, sensitivity, stinging, itchy, tenderness, dry or flaking skin.

______ I understand that I am NOT TO PICK FLAKING SKIN as this could cause unwanted HYPERPIGMENTATION.

______ I have recieved a post care form and agree to follow it precisely.

______ I am over 18 years of age and consent to the agreement and to treatment.

______ I release The Nature of Beauty Spa from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. This agreement will remain in effect for this procedure and all future procedures conducted by The Nature of Beauty. I have read and fully understand all information in this agreement.

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Client Signature Date