

# CLIENT INFORMED CONSENT FORM FOR PEEL TREATMENT

## CONTRAINDICATIONS

Chemical peel contraindications which indicate the peel should not be performed:

- Accutane use
- Active herpes outbreak
- Allergy to aspirin
- Inflammatory cystic acne
- Irritated or damaged skin
- Open cuts or wounds
- Pregnancy or breast feeding
- Recent depilation (7 days)
- Recent facial treatment
- Recent isotretinoin use
- Recent retinoic acid use
- Recent sun exposure

Have you been using appropriate cosmeceutical skincare for at least two weeks prior to this treatment.....  Y  N

## INITIAL CONSENT

**I understand that:**

- The procedure may cause swelling or puffiness of the treatment area. The procedure may cause the skin to appear red and peel like a sunburn.
- During and after the procedure, the following may be experienced; redness, stinging, itching, burning, mild pain, tightness, peeling and/or scabbing of the superficial layers of the skin.

- These sensations will gradually diminish over the course of a week as the skin returns to normal.
- Some clients may react differently. In severe cases the skin may turn very red, blister, swell and later scab or crust.
- The skin may feel uncomfortable and appear like a very bad case of sunburn.
- The peeling process usually lasts about three to seven days, although it may last longer.
- I understand that there is a risk of developing temporary or permanent post-inflammatory pigmentation (PIH).
- There is an incidence of triggering of an outbreak of 'cold sores' (Herpes infections) in clients with a prior history of Herpes.
- There is also a small incidence of a flare of Acne-like lesions after a peel protocol.
- There is a rare incidence of scarring and infection.
- Some other common side effects may include persistent erythema, irritation and increased sensitivity.

**I agree that:**

1. I have been made aware there is no guarantee as to the condition of the skin or the amount or percentage of improvement expected following the treatment.
2. I acknowledge that it is preferable to undergo the recommended course of peels to achieve the desired result.
3. If I know or suspect I am pregnant, I will inform the therapist prior to treatment.

- The skin care specialist has explained to me the above indications and contraindications of the peel procedure to be performed on my skin and I have had the opportunity to ask questions.
- I have been given a copy of the Post Peel Aftercare Instructions and have reviewed them.

## SUNBURN ALERT

The peel procedure contains acids that may increase the skin's sensitivity to the sun and particularly the possibility of sunburn.

The use of a sunscreen, protective clothing such as a hat and limiting sun exposure for at least 4 weeks following the protocol is highly recommended.

I, \_\_\_\_\_, consent to the treatment of a professionally administered peel protocol.

## DECLARATION

Client Signature \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_

## REPEAT CONSENT

I have re-read the Consent Form and no skin indications or contraindications have changed since my last treatment. Further, there has been no change to my health.

### 2ND TREATMENT

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_

### 3RD TREATMENT

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_

### 4TH TREATMENT

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_

### 5TH TREATMENT

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_

### 6TH TREATMENT

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Skin Specialist Signature \_\_\_\_\_

Skin Specialist Name \_\_\_\_\_