Refine Aesthetics

CLIENT INFORMATION/MEDICAL HISTORY

Name _____Age_____ Date_____

Address_____City_____State_____Zip_____

Email Address_____

Cell_____ Date of Birth_____

Emergency Contact_____Relationship_____Cell_____

Medications (Prescriptions/over the counter med, vitamins, herbal medications)

_____

_____

Drug Allergies_____

Major Surgeries/Facial surgeries_____

Ongoing facial treatments? (Injectibles/Laser/chemical peels/waxing/facials)_____

Please circle if you have any of the following conditions –

Heart Disease Excessive Bleeding High Blood Pressure Hepatitis Skin Cancer Liver Disease

Lupus Auto-Immune Disorders Diabetes Neuromuscular Disease Cold Sores/Fever Blisters

Lidocaine allergy/sensitivity

Pregnant? Y N Breastfeeding? Y N

The above information is true and accurate to the best of my knowledge.

_____

_____ _____

Client Signature **Date**

Refine Aesthetics

CHEMICAL PEEL CONSENT FORM

Name_____Date_____

I authorize _____to perform the following chemical peel treatment:

_____.

I understand if any of the following conditions apply at this time, I am unable to receive the chemical peel stated above.

Allergy to Aspirin or any salicylic sensitivity
Allergy to apples, citrus, cosmetics, iodine, latex, or milk
Use of Accutane within the past 12 months
Use of Retin-A, Renova, Retinol or any other Vitamin A derivative products in the last 3 days
Use of glycolic acid products in the last 3 days
Broken skin in areas to be treated
Sunburn or windburn skin
Visible inflammatory or inflammatory lesions
Recent peels within 14 days

I understand the results will vary between individuals and no guarantees have been made regarding my personal results, level of discomfort or the degree/duration of peeling/flaking. **Initial**____

I consent to the taking of photographs and authorize their anonymous use for the purposes of clinical audit, education and promotion. **Initial**____

I understand that to maximize the results, I should receive a series of peels. I have received the pre- and post-treatment instructions and understand that compliance will help determine the level of success and outcome of the treatment. **Initial**____

I have been informed and understand the contraindication to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. **Initial**____

The procedure and side effects have been explained to me and I have had the opportunity to ask questions. My questions have been answered in a satisfactory manner. **Initial**____

I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred. I accept all risk and liability for this cosmetic procedure. This form is valid for future treatments until it is rescinded by me in writing. **Initial**____

_____ _____

Client Signature (Guardian if under 18) **Date**