

Chemical Peel intake:

Name: _____ Date: _____

Are you 18 years or older? YES NO Are you pregnant? YES NO

Please list any medications you are taking: _____

Do you have any allergies: _____

Do you have any medical conditions? If yes, please list: _____

Have you or have you ever used Accutane Retinol Hydroquinone

When? _____

Have you had a peel before? Did you peel or flake? _____

Do you tan or use tanning beds regularly? _____

I understand and am willing to comply with all pre and post care instructions. This procedure has been explained to me and my questions regarding the treatment, its complications and risks have been answered. I understand the procedure and accept the risks, and request that this procedure be performed on me.

Client signature: _____

Date: _____