

MICRODERMABRASION/GLYCOLIC CLIENT INFORMATION

Today's Date ____/____/____

Last Name _____ First _____ MI

Address _____

_____. _____ Zip Code _____

Phone Numbers: HOME _____

WORK _____

What products are you currently using on your skin?

Have you had any type of exfoliation in the past 2 weeks? If yes, what type and where did you get it done?

Do you intend to get a suntan in the next week? Yes D No D

Have you used or do you currently use any of the following:	Retin A	Yes D	No D
	Renova	Yes D	No D
	Vitamin C	Yes D	No D
	GlycolicAcid	Yes D	No D

If yes, when was the last time? _____

MICRODERMABRASION/ GLYCOLIC CONSENT

I understand that the results from a microdermabrasion/glycolic peels treatment are not guaranteed and results will vary. In order to achieve optimum results, I understand that a series of treatments is required.

I understand that the skin may be irritated for several days after a peel, and there may be some small pinprick bleeding and bruising as a result of the treatment. I should not receive either treatment if I have had botox in the last 24 hours, but can have it AFTER the treatment is completed
Possible side-effects to treatment are: local swelling, stinging, tenderness, flaking, peeling, lightening or darkening of the skin and/or mild to moderate redness. It is possible that one or more of these side effects may last for two(2) to seven (7) days post procedure. However, most subside within 24 hours. I understand, as with all skin exfoliation treatments there is the slight risk of hyper-pigmentation, scarring and bruising with this treatment, it is also possible to break capillaries (facial blood vessels), which can be permanent. I have been advised to disclose to if I am prone to Herpetic outbreaks (cold sores/fever blisters). I understand that acid treatments and/or microdermabrasion may cause a flare-up of the Herpes Simplex virus

I will follow all Post Peel Instructions that are given and wear a sun block with no less than an SPF 30 while receiving treatment.To the best of my knowledge, all the above information I have given is correct.

Clients Signature _____ Date _____

Therapist Signature _____ Date _____