PATIENT/CLIENT INTAKE FORM

The following information needs to be gathered in order for us to formulate a safe and effective treatment plan for you. This information will be kept confidential and cannot be released without your written consent unless obliged by law. This information may be shared amongst other health information custodians or circle of care for the purpose of your health care. Please feel free to ask any questions about the information being requested.

Full Name		
Date of Birth (MM/DD/YYYY):		Gender: Male or Female
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address:		
City:	Province:	Postal Code:
Occupation:		
Who may we thank for referring you to our care?		

General Health History: Please check any or all of the following which apply to you:			
Anxiety		Chemo/Radiation	
Diabetes		Tuberculosis	
Infection		Acne/Skin Conditions	
HIV/AIDS		Cold Sores	
Cancer/Tumours		Psoriasis/Rosacea	
Muscle/Joint Pain		Recent Surgery	
Asthma or Lung Problems		Hormone Imbalance	
Skin Sensitivities/Bruise Easily		Irregular Menstruation	
Bleeding		Recent Botox	
Pace Maker/ Metal Implants		Heart Disease	
High/Low Blood Pressure		Hepatitis	
Epilepsy		Bacterial Infection/STD	
Pregnancy (or trying)		Immune Disorders	
Skin History: Please check off if you have recently had any of the following:			
Laser Surgery		Rash/Hives	
Microdermabrasion		Sunburn/Excess Sun Exposure	

Chemical Peel		Waxing	
Are you currently using any of the following products?			
Retin-A/Renova		Accutane	
Topical Acne Cream		Bleaching Cream	
Alpha/Beta Hydroky Acid Products		OTHER:	
What are your immediate concerns about your skin?			

Chemical Peel Consult Checklist

What is Chemical Peel and what are Benefits of Chemical Peel?

A chemical peel is a procedure in which an acid solution is used to remove dead and damaged upper skin layers to smooth and refine the skin's texture. Chemical peels are typically used to restore a youthful, vibrant appearance to wrinkly, blotchy, sun - damaged or acne skin, eliminate dry skin (lactic peel), refine pore size and oil production, reduce keratosis, soften and smoothen skin.

How many Chemical Peel treatments are required?

- Acne patients should return every 7 – 10 days until concerns are limited.
- Other patients should return every 2 – 3 weeks.
- Maintenance is 1 – 2 months.
- In order to see a significant difference 4 –6 treatments necessary.
- Home routine must be followed diligently in order to achieve maximum results.

Contraindications / factors that may affect skin:

- Accutane use within 12 months
- Collagen injections within 3 weeks
- Facial surgery within 8 weeks
- Laser treatment within 3 weeks
- Electrolysis within 7 days
- Cold sores – peels may cause outbreak
- Pregnant or lactating
- Hair chemical – 7 days post hair colour
- Waxing / depilatories – 2 weeks after Chemical Peel client can wax; 2 weeks before client can wax.
- Retinols and Retinoids – discontinue use for 7 days prior.

Chemical Peel Consent Form

Informed Consent and Release

I do fully understand all the questions above and have answered them correctly and honestly. I understand

that the services offered are not a substitute for medical care and that either esthetician InsideOut Wellness Centre or their staffs are providing medical advice, instruction or treatment. I understand that the esthetician has informed me of what to expect in the course of treatment from the Chemical Peel Consult Check List, and will recommend adjustments to my regimen if deemed necessary. I understand that with any facial treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks and expressly agree to release my attending esthetician and InsideOut Wellness Centre and its staff of any claim and/or potential liability from any result that may occur from my use of these services or the use of any products.
I understand that InsideOut Wellness Centre can provide courtesy notification for my appointments via text, e-mail or telephone. It is my responsibility to note the time and date of all my appointments. I understand that a minimum of 24 hours notice is required to change or cancel my appointment.

Client's Name:

Signature:

Date: