

Skin Evaluation Form

Patient _____ Race _____ Age _____

Please fill in the following description of your facial complexion. This information is necessary for us to design a skin program for you.

Conditions (Circle yes or no)	Office Notes
Y or N Sun Damage	_____
Y or N Brown Spots (or splotchy, uneven skin color)	_____
Y or N Upper Lip Lines -- Deep ____ Fine ____	_____
Y or N Freckles	_____
Y or N Wrinkles - Deep ____ Fine ____	_____
Y or N Hard bumps under skin	_____
Y or N Clogged pores	_____
Y or N Excessive oiliness	_____
Y or N Acne	_____
Y or N Pimples -- Often ____ Sometimes ____	_____
Y or N Blackheads ____ Whiteheads ____	_____
Y or N Dry Patches	_____
Y or N Visible Exposed Blood Vessels	_____

What type of skin do you have? ____ Normal to Dry ____ Normal to Oily Do you tan? ____ Easily ____ Burn

Any chronic skin or medical disorders? ____ Psoriasis ____ Dermatitis ____ Fever Blisters ____ Hepatitis

List medications/supplements you are using: _____

Do they make you photo-sensitive? Y or N

What cosmetic ingredients/medications are you allergic: _____

Are you using: Retin A Y or N What strength? _____ How Long? _____

Accutane Y or N Zovirax Y or N Taking Antibiotic oral/topical Y or N

Tetracycline Y or N Any facial scarring? Y or N Facial Region: _____

Have you had or planning to have any facial surgery? Y or N

Any prior cosmetic peels? ____ Salon ____ TCA ____ Phenol ____ Other Date _____

Pregnant? Y or N Breastfeeding? Y or N Oral Contraceptives? Y or N Hormone Imbalance? Y or N

Date of your last period? _____ Excessive Hair face/breasts? Y or N

Facial Hair Removal? ____ Wax ____ Other Date: _____

Please check the products you are currently using and list the brand names:

____ Cleanser _____	____ Soap _____	____ Toner _____
____ Moisturizer _____	____ Night Cream _____	____ Other _____
____ Eye Cream _____	____ Astringent _____	____ Mask _____
____ Scrub _____	____ Sunscreen _____	

AESTHETICA

Chemical Peel Consent

Chemical peels exfoliate the uppermost damaged skin layers, leaving the skin fresh, renewed, and radiant. Skin peels improve a range of skin concerns including photo damage and overall enhancement of texture and tone.

Chemical peels are one of the safest treatments for skin rejuvenation and have a very high success rate. However, results can be variable and occasionally there is only slight or no improvement.

Side effects may include redness, flakiness, itching, and peeling. Complications are possible, but very unlikely. They may include temporary mild pigmentation problems, infection, and scarring or keloids. Long term complications from the peel are very rare.

I certify that I have read this entire consent form and that all of my questions have been answered, and I understand and agree to the information provided above. I consent to the chemical peel from Aesthetica.

Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained.

Patient or Legal Guardian

Date

Witness

Date