

WELLNESS AESTHETICS

Chemical Peel Intake Form

Client Information:

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Referred By: _____

Medical & Skin History:

Please check all that apply:

- Pregnancy/Breastfeeding Rosacea
- Eczema or Psoriasis Cold Sores/Herpes
- Active Acne or Breakouts Autoimmune Conditions
- Recent Waxing or Exfoliation Recent Surgery or Wounds
- Accutane (within 6 months) Keloid Scarring
- Allergies: _____
- Medications/Supplements: _____

Skin Type (Fitzpatrick):

- I - Always burns, never tans
- II - Burns easily, tans minimally
- III - Mild burns, tans moderately
- IV - Rarely burns, tans easily
- V - Rarely burns, tans deeply
- VI - Never burns, deeply pigmented

Have you had a chemical peel before? Yes No

If yes, what type and when? _____

Expected Results & Contraindications:

Chemical peels are designed to exfoliate the top layer of skin to reveal smoother, brighter skin. Some redness, flaking, or peeling is normal post-treatment. There is a possibility of:

- Temporary dryness, tightness, or stinging
- Hyperpigmentation or hypopigmentation
- Skin sensitivity and sun sensitivity
- Scabbing, especially if post-care is not followed

Pre- and post-care instructions must be followed strictly. Peels are not recommended for skin with active rashes, sunburn, or open wounds.

Post-Care Reminder:

- Downtime should be expected.
- Use of post-care skin kit is required.
- Avoid sun, makeup, heat, exfoliation for 5-7 days.
- A follow-up session is recommended in 2 weeks.

Cancellation Policy:

All appointments require 36 hours' notice. First missed appointment is forgiven; second missed may result in a charge. A \$100 charge applies for no-shows to double services.

Photo Consent:

I give permission for photos to be used for marketing.

I do not consent to photo use.

Client Acknowledgment:

I understand the nature and risks of chemical peels, have disclosed my full medical history, and agree to follow all pre- and post-treatment instructions.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____