

Professional Peel Client Form

Contraindications

The following conditions are considered to be contraindications for chemical peel procedures. Please circle any conditions that you are currently or previously have experienced and list any additional health concerns in the area below.

- Use of Accutane®, Retin-A®, or other medications that exfoliate or thin the skin within 6 months
- Recent cosmetic surgery, laser resurfacing, deep or medium depth chemical peels or dermabrasion
- Severe rosacea or acne
- Easily scars or has hyper-pigmentation tendencies
- Pregnancy – always consult with your obstetrician prior to receiving chemical peels
- Breast-feeding
- Sunburn or irritated skin
- Open sores or lesions
- Infectious disease
- Active Herpes simplex
- Diabetes
- High blood pressure
- Heart disease
- Deficient immune system

By signing this form, I am confirming that I understand and have honestly disclosed any contraindications that apply to me to the clinician performing my chemical peel treatment.

Client Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____