

North Suburban Wellness

- CENTER FOR INTEGRATIVE MEDICINE -
1732 First St. Highland Park, Illinois 60035

CLIENT INFORMATION

Name: _____ Date: _____

Email: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Home/Cell Number: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

1. Do you have any health problems or concerns that we need to be aware of before treatments?
If the answer is yes, please describe. _____

2. Are you pregnant? Yes No

3. Any recent surgery on your face, neck, and shoulders? Yes No

4. Are you currently, or have you taken Accutane within the last 12 months? Yes No

5. Are you currently, or have you used Retin-A/Renova, or any powerful alpha hydroxy acids
within the past 3 months? Yes No

6. Have you had a chemical peel within the past 6 months? Yes No

7. Do you have a pacemaker or any pins in bones? Yes No

8. Do you currently wear contact lenses? Yes No

9. Are you currently under a physicians care for any skin condition? If yes, please describe.

10. Have you ever had an adverse reaction to cosmetic product or ingredient? If yes, please
explain. _____

11. Have you ever had an adverse reaction to a skin care treatment? If yes, please explain.

12. What are your skin concerns and challenges?

13. What products are you currently using on your skin? _____

Daytime: _____ Evening: _____

Weekly / Special Treatments: _____

Signature of Client _____

Date _____

MICRODERMABRASION / CHEMICAL PEEL CONSENT FORM

A Microdermabrasion/Chemical Peel is not a "cure all" treatment, but for appropriate conditions, it can give you marked improvements. It is important that you have a thorough understanding of what the treatment can and can not do for your particular condition.

I, _____ give my consent for Abbi to perform a Microdermabrasion/Chemical Peel to treat the following conditions:

_____ I understand that I am going to have a microdermabrasion/chemical peel treatment.

_____ I understand that this is a superficial peel that normally creates at most, up to 4-7 days of mild redness and areas of flaking skin.

_____ The peel program was explained to me in detail and I had the opportunity to ask questions.

Abbi Has explained to me what the benefits I can realistically expect to see from the peel program.

_____ I understand that the degree of improvement I can expect to see depends on many variables and therefore cannot be guaranteed.

_____ I understand that strict adherence to the technician's instructions is necessary to ensure my best results.

_____ I understand that the skin peel may produce a mild stinging or burning sensation immediately after the application, but it will stop.

_____ I understand that the healing process of the peel will take about 4-7 days depending on my skin and the peel process is complete.

_____ My skin may look darker in areas and that I will choose to go to work or take the time off until the peeling process used.

_____ I have been honest in all the information that I have provided to the technician regarding my physical history.

_____ I do have a condition of herpes simplex (cold sores or fever blisters)

_____ I do not have scarring or keloids of the skin.

_____ Although complications are rare, they occur. Prompt recognition and treatment of any complication is necessary to decrease its potential danger. It is extremely important that I follow the instructions exactly and that I notify the facility if I have any of the following complications:

- Skin Infections - usually appearing as a red tender area
- Cold Sore - on the lips or face area
- Allergic Reaction - excessive swelling or rash
- Appearance of thick scars or keloids in the areas of my peel.

Client Signature: _____ Date: _____

Technician: _____ Date: _____