

Medical/Treatment History

- Do you currently use Depilatories or Wax? Yes No
Discontinue 5 days pre and post treatment or 7 days when receiving MD Peel (CCi3)
- Have you had a chemical peel or any type of procedure with a Medical Device? Yes No
Within the last 14 days? _____
What type? _____
- Do you have regular Collagen, Botox or other Dermal Fillers? Yes No
(Peels should precede or follow injections by 2 days to prevent migration)
- Have you recently had Laser Resurfacing or Facial Surgery? Yes No
Please Describe: _____
- Are you currently taking any medications, topical or otherwise? Yes No
(Tretinoin, Retin-A, Renova, Differin, Tazorac, Avage, Epiduo, Ziana)
How Long? _____
What Strength? _____
(High percentages of certain ingredients increase sensitivity. Discontinue 5 days pre and post treatment or 7 days when receiving MD Peel (CCi3). Consult your physician before discontinuing use of any prescription.)
- Have you ever undergone Accutane therapy (Isotretinoin)? Yes No
If you are currently on Accutane, consult with your Physician. If you are no longer using Accutane, it is OK to apply one layer of Ultra Peel, Sensi Peel, Advanced Treatment Booster, Oxygenating Trio, Hydrate: Therapeutic Oat Milk Mask, or Revitalize: Therapeutic Papaya Mask)
- Do you develop cold sores/fever blisters? Yes No
Last breakout? _____
- Are you allergic/sensitive to (circle all that apply): milk, apples, citrus, grapes, aloe vera, aspirin, perfumes, latex, hydroquinone, mushrooms Yes No
Please list any other allergies: _____
- Are you Pregnant? If so, consult your physician prior to treatment. Yes No
- Have you ever used any other products and had a bad reaction? Yes No
Please Describe: _____

Client Initial: _____

Consent & Release of Claims

I, _____ hereby acknowledge that I have read and understand the above statements and circled all that apply to me. I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy, recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or oral retinoid treatments such as: Tretinoin, Retin-A, Isotretinoin, Accutane, Differin, Avage, Tazorac, Epiduo or Ziana.

I understand there may be some degree of discomfort, such as stinging, pin-prickling sensation, heat, or tightness.

I understand that my skin might experience side effects including but not limited to **allergic reaction, skin redness/irritation, tightness, slight swelling, breakouts, skin peeling or burns.**

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc. I understand I may or may not peel and that each case is individual. I understand that the amount of peeling does not correlate with the degree of improvement.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied. I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact Mitchell's Salon & Day Spa.

I agree to refrain from tanning in tanning beds or outdoors while I am undergoing treatment, and during the 14 days prior and following the end of treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging. I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum SPF of 30 is mandatory.

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this location or any other location.

I understand that I should follow my Esthetician's recommendations for post -procedure skincare to minimize side effects and maximize results.

Release of All Claims Form: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., its employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

Client Signature: _____

Date: _____

Esthetician Signature: _____

Date: _____