

AESTHETICS PATIENT PROFILE

Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Are you pregnant or lactating? Yes ___ No ___ **(If so, only the Oxygenating Trio or Detox Gel is appropriate)**

Do you wear contact lenses? Yes ___ No ___ **(Remove contacts if eyes are sensitive or having microdermabrasion)**

Do you have permanent makeup? Yes ___ No ___ (If so, on what areas of the face?) _____

Do you currently have a sunburn/windburn/red face? Yes ___ Why? _____ No ___

Are you in the habit of going to tanning booths? Yes ___ No ___ (If within the past 3 weeks, decline treatment)

Are you currently using Bioré® or Snore strips? Yes ___ No ___ (Discontinue use 5 days before and after treatment)

Are you currently using dipilatories? Yes ___ No ___ (Discontinue use 7 days before and after treatment)

Are you currently using Retin-A® /Renova®/Differin®? Yes ___ No ___ What Strength? _____ How long? _____

How frequently? _____ Applied where? _____ (Discontinue use 5 days before and after treatment)

Are you currently using Accutane®? Yes ___ No ___ How long? _____ It is okay to apply ONE layer of Ultra Peel® I, Sensi Peel® II, Esthetique Peel™, or Oxygenating Trio to skin that has been treated with Accutane®.

Those who are currently taking Accutane® should be directed to their dispensing physician.

Are you currently using Tazorac® or Avage®? Yes ___ No ___ How long? _____ (Discontinue use 10 days before and after treatment) NOTE: Consult your physician before discontinuing use of any prescription.

Have you had a chemical peel or any type of procedure with a medical device? Yes ___ No ___

Within the last 14 days? Yes ___ No ___

Do you have regular collagen injections? Yes ___ No ___ (Peels should precede injections by 7 days)

Do you have regular Restylane® injections? Yes ___ No ___ (Peels should precede injections by 7 days)

Do you have regular Botox® injections? Yes ___ No ___ (Peels should precede injections by 7 days)

What type of work do you do? _____ Airline travel? Yes ___ No ___ How often? _____

Do you participate in vigorous aerobic activity or sports? Yes ___ No ___ What type? _____

Have you recently had facial surgery? Yes ___ No ___ Describe _____ How long ago? _____

Have you recently had laser resurfacing? Yes ___ No ___ When? _____ What kind? _____

Do you smoke? Yes ___ No ___ Develop cold sores/fever blisters? Yes ___ No ___ Last Breakout? _____

Are you allergic/sensitive to (check all that apply): Milk ___ Apples ___ Citrus ___ Grapes ___ Aloe Vera ___

Aspirin ___ Perfumes ___ Latex ___ Hydroquinone ___ Mushrooms ___

If any other allergies, what? _____

Are you sensitive to alcohol-based products? Yes ___ No ___

Are you taking any medication at this time? (Antibiotics may increase sensitivity) _____

Describe your skin (check those that apply): Thick ___ Thin ___ Saggy ___ Firm ___ Normal ___ Dry ___

T-Zone/Combination ___ Oily ___ Acne ___ Comedones ___ Milia ___ Cysts ___ Breakouts ___

Acne scarred ___ Large pores ___ Small pores ___ Flord ___ Rosacea ___ Eczema ___ Freckled ___

Sun-damaged ___ Uneven/blotchy ___ Mature ___ Wrinkled ___ Patchy dryness on _____

Sallow ___ Melasma ___ Perfume-stained ___ Hypopigmented ___ Hyperpigmented ___ Psoriasis ___

Dehydrated (lacking moisture) ___ Asphyxiated ___ Telangiectasia/broken surface capillaries ___

Do you consider your skin (check): SENSITIVE ___ RESILIENT ___ NOT SURE ___

Eye color: Blue ___ Green ___ Hazel ___ Gray ___ Light Brown ___ Med. Brown ___ Dark Brown ___

Hair color: Blonde ___ Red ___ Lt. Brown ___ Med. Brown ___ Dk. Brown ___ Black ___ Gray/Silver ___ White ___

Skin tone: Pale/White ___ Light ___ Medium ___ Reddish ___ Freckled ___ Lt. Olive ___ Med. Olive ___

Dark Olive ___ Lt. Brown ___ Med. Brown ___ Dark Brown ___ Soft Black ___ Black ___ Sallow ___

What is your hereditary background? _____

Have you ever used any products that caused a bad reaction? Yes ___ No ___ Describe _____

What is your daily home care regime? _____

What are the cosmetic improvements you would like to see in your skin? _____

Treatment recommendation: _____

Patch test: Date _____ Solution _____ Test Area _____ Result _____

Technician Signature _____ Date _____

Patient/Client Signature _____ Date _____

FITZPATRICK SKIN TYPE EVALUATION

SCORE	0	1	2	3	4	Your Score
Your natural eye color?	Light Blue, Gray, Green	Blue, Gray, Green	Dark Blue	Dark Brown	Brownish Black	
Natural color of hair being treated?	Sandy or Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
Color of your NON-EXPOSED skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	None	
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	

Genetic Disposition Score _____

SCORE	0	1	2	3	4	Your Score
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burn, sometimes followed by peeling	Rarely burn	Never burn	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	

Sun Reaction Score _____

SCORE	0	1	2	3	4	Your Score
When did you <u>LAST EXPOSE</u> your body to the sun or tanning booth, or use tanning cream?	More than three months ago	Two to three months ago	One to two months ago	Less than one month	Less than two weeks	
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	

Tanning Habits Score _____

TOTAL SCORE _____

Determine Fitzpatrick Skin Type Using the Following Table

Fitzpatrick Skin Type	I	II	III	IV	V/VI
Skin Type Total Score	0-7	8-16	17-25	25-30	> 30

CONSENT FORM

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, use of Retin-A®, Accutane®, Differin®, Tazorac®, or Avage®.

I understand there may be some degree of discomfort; i.e., stinging, pin-pricking sensation, hotness, or tightness.

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 see physical peeling, and that each case is individual.***

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. This includes, but is not limited to, microdermabrasion scarring and hyperpigmentation. In the event of any complications, I will immediately contact the doctor/technician who performed the treatment.

I agree to refrain from tanning in tanning booths while I am undergoing treatment and during the 14 days following the end of treatment.

I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum of SPF 15 is mandatory.

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

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel care instructions as I am directed.

Signature: _____ **Date:** _____

Initials: _____

Signature of Technician: _____

Signature of Witness: _____

CONTINUED TREATMENT CONSENT

DATE	INITIALS								

PREPARATION FOR PEEL TREATMENT

You will be having a light peel treatment on the day of your appointment. Please follow the outline below to prepare.

1. Please refrain from these activities within 14 days of your appointment:
 - Having a chemical peel
 - Tanning in a tanning booth (this practice should be discontinued)
 - Having a wax or chemical depilatory treatment (5 to 7 days)
 - Getting Botox®, collagen or other dermal filler injections (7 days)
 - Microdermabrasion treatments
2. If you are lactating, pregnant or think you might be pregnant, you are only a candidate for an Oxygenating Trio or Detox Gel Deep Pore Treatment.
3. Please refrain from sun exposure for ten (10) days prior to your appointment. Do not come to the appointment sunburned (please let us know if you are unable to keep your appointment).
4. Delay use of Retin-A®, Renova®, Differin®, Tazorac® or Avage® and high percentage glycolic acid products for approximately five (5) to ten (10) days prior to your appointment. (Using any of these will take the treatment deeper and make your results less predictable. Please consult the dispensing physician before discontinuing the use of any prescription medication.)
5. Use of PCA SKIN® Clinical Care Products prior to your peel will prepare the skin and allow for better treatment results.

These superficial peels will result in little to no downtime. Treatments may include slight redness, tightness, peeling, flaking and/or temporary dryness. Most patients find it unnecessary to apply makeup, as your skin will be smooth, dewy and radiant following your treatment. If you would like to apply makeup, allow approximately 15 minutes for the pH of the skin to stabilize before applying foundation.

* * *

POST PEEL, MICRODERMABRASION, NON-INVASIVE LASER OR IPL TREATMENT TIPS

If you have just had a PCA skin treatment, you should not necessarily expect to “peel”. However, you may have light flaking in a few localized areas for a couple of days. Most patients who undergo these treatments (including IPL and non-invasive laser treatments) have only residual redness for anywhere from one to twelve hours.

As with all peels, it is recommended that you do not apply makeup the day of treatment. It is ideal to allow the skin to stabilize and rest overnight. However, makeup MAY be applied, if necessary. Tonight your skin will feel tight and “pulled”. Apply pHaze 17 ReBalance for normal skin or pHaze 20 Silkcoat® Balm for dryer skin types as frequently as needed. Although you may or may not actually “peel”, it is likely that you will experience a light “exfoliation”. It may take two or more treatments for the surface skin to loosen and “peel”. Everyone responds differently and most patients look quite normal the day after their treatment. Unless recommended by your technician, do not apply other medications or AHA products to your skin, as they may be irritating.

Follow the appropriate Home Care Regimen sheet given to you by your technician.

Avoid direct sun exposure and excessive heat. Use your **Hydrator Plus SPF 30** or **Protecting Hydrator SPF 30** for daily sunscreen protection.

Do not pick or pull on any loosening or exfoliating skin. This could potentially cause hyperpigmentation.

Home use of the Pigment Gel® Dyschromia Controller is recommended twice a day to continue lightening hyperpigmented areas.

ABSOLUTELY do not go to a tanning booth for at least three weeks before or after a treatment.

Discontinue use of Retin-A® /Renova® seven days post-treatment.

Discontinue use of Tazorac® /Avage® 10-14 days post-treatment.

NOTE: Always check with your dispensing physician before temporarily discontinuing the use of prescription medications.

Do not have electrolysis, collagen, Botox® or Juvederm® injections and facial waxing or use depilatories for approximately five days.

FOR THE NEXT TWO-DAY PERIOD:

- Do not apply ice or ice water to the treated areas.
- Do not put the face directly into a hot shower spray. Do not use hot tubs, steam room or sauna.
- Do not go swimming.
- Do not participate in activities that would cause excessive perspiration.
- Do not use loofahs or other means of mechanical exfoliation.
- Do not direct a hair dryer onto the treated area.
- Stay cool! Getting heated internally can cause hyper-pigmentation.

DO NOT HAVE ANOTHER TREATMENT UNTIL YOUR TECHNICIAN ADVISES YOU TO DO SO.

PATIENT TREATMENT LOG

<p>Patient Name : _____ Treatment No.: _____ Date: _____</p> <p>Protocol: _____ _____</p> <p>Area Treated: (circle) Face Neck Chest Hands Arms 1-10 Scale: 1 2 3 4 5 6 7 8 9 10</p> <p>Comments: _____ _____</p> <p>Next Scheduled Appointment:</p>	<p>Patient Name : _____ Treatment No.: _____ Date: _____</p> <p>Protocol: _____ _____</p> <p>Area Treated: (circle) Face Neck Chest Hands Arms 1-10 Scale: 1 2 3 4 5 6 7 8 9 10</p> <p>Comments: _____ _____</p> <p>Next Scheduled Appointment:</p>
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ARIZONA LASER, ELECTROLYSIS & SKIN CARE

Policies Concerning Late and Cancelled Appointments and Returned Checks:

- Please notify Arizona Laser, Electrolysis & Skin Care within the time frames listed below when cancelling or changing an appointment:
 - 24 hours notice for appointments one hour or less.
 - 72 hours notice for appointments more than one hour.
 - Any treatment 4 hours or more require a 96-hour notice.

Adequate notification will allow for any openings to be filled.

- A fee of \$10.00 per half hour will be charged for late cancellations or “no shows” for electrolysis and skin care treatments. A \$35.00 charge will be required for late cancellations or “no shows” for laser treatments and treatments with our Nurse.
- Being late for an appointment will be included in the treatment time.
- Three “no shows” will require prepayment of the treatment.
- There will be a \$25.00 service charge for returned checks.
- All Saturday appointments are prepay only for scheduled time.
- We do offer e-mail and text message appointment reminders that are sent out two days prior to your appointment. Occasionally, we have technical difficulties with our system so you are still responsible for your appointment whether or not you receive your reminder.

Patient Signature: _____

Technician Signature: _____