



Chuck Georgie's Skin Care & Wellness Information and Consent

Name _____ Date of Birth: _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____
How did you hear about us? _____
Are you Pregnant? _____
Allergies: _____
Anything else medical we should know about. _____

Treatment Goals?

*Acne _____ *Fine Lines and Wrinkles _____
*Acne Scarring _____ * Dehydration _____
*Sun Spots _____ *Dullness _____
*Age Spots _____ *Bumpy Texture _____
Other Goals : _____

List of current skincare products: (No need to list every product, just the basics you use)

*Cleanser _____ *Moisturizer _____
*SPF _____ *Retinol _____
*Exfoliants / Scrubs _____ *Foundation brand and type: _____
*Other _____

Have you ever had a facial treatment or chemical peel before? _____ Yes _____ NO

Circle which of the following most closely describes your skin type?

- 'Always burns easily, never tans'
- 'Light / Matte Complexion Burns moderately, tans gradually'
- 'Brown Complexion Rarely burns, deep tan'
- 'Black Complexion Never burns, deeply pigmented'

Do you use Retin-A, Renova, or Retinol/vitamin A derivative products? _____ Yes _____ No
Are you currently taking **Accutane** or have you taken it in the past? _____ Yes _____ No
How long ago? _____

Have you used other acne medication? _____ Yes _____ No If yes, which one?

Are you exposed to the sun on a daily basis or do you use a tanning bed? ___ Yes ___ No

Have you ever had Botox, Restylane, Laser, IPL, BBL? _____

Ladies only: Are you taking hormonal contraceptives? _____ Yes _____ No

Are you pregnant or trying to become pregnant? _____ Yes _____ No

Just to be on the safe side we will ask again

Are you nursing? _____ Yes _____ No

List Allergies: _____

MEDICAL ISSUE we should know about: _____

I understand this consent form and have answered each question truthfully. I understand that withholding information from my skin care therapist may result in contraindications or skin irritation from treatments received. The skin care treatments I receive at Chuck Georgie's SKin Care & Wellness are voluntary and I release Chuck Georgie's Skin Care & Wellness from liability and assume full responsibility thereof.

Signature _____ Date _____

Peels Client Informed Consent Form

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

1. I voluntarily request that _____ perform the Peel procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.
2. Peels, despite their high levels of efficacy and safety, are not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.
3. It is important to use sun screen of SPF 25 or greater when exposed to the sun.
4. I understand complications can include white heads, cold sores, infection, scarring, numbness and permanent discoloration, particularly in people with dark skin.

5. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

6. I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment. The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. Note: All prices are subject to change without prior notice.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____

Email: _____