

# Intake form

## Section A

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal code \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Age \_\_\_\_\_  
Gender \_\_\_\_\_

## Section C Health

Please answer yes or no unless otherwise indicated

### Are you:

Under a physician's care for any medical condition?  Yes  No  
Being treated for any other medical condition?  Yes  No  
Currently using steroids or steroid cream products?  Yes  No  
Taking any medications/natural remedies?  Yes  No

### Do you have:

Any allergies (including aspirin)  Yes  No  
Hormonal imbalance  Yes  No  
Burns/grafted skin  Yes  No  
Diabetes  Yes  No  
Epilepsy  Yes  No  
Kidney disease  Yes  No  
Shingles  Yes  No  
Eczema  Yes  No  
Psoriasis  Yes  No  
Thyroid condition  Yes  No  
Cold sores  Yes  No Recurring? \_\_\_\_\_  
Keloid scar formation  Yes  No  
Asthma  Yes  No  
A heart condition  Yes  No  
Thrombosis  Yes  No  
High blood pressure  Yes  No  
Metal implants  Yes  No  
Tattoos or permanent makeup in the area to be treated  Yes  No  
Have you ever been diagnosed with melanoma?  Yes  No  
Have you ever had cancer with a history of radiation treatments?  Yes  No  
Do you currently receive radiation treatments?  Yes  No

## Section B Lifestyle

Occupation \_\_\_\_\_  
Stress level \_\_\_\_\_  
Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_  
What type? \_\_\_\_\_  
Daily water intake \_\_\_\_\_  
Diet \_\_\_\_\_  
Do you drink alcohol? \_\_\_\_\_ How much? (per week) \_\_\_\_\_  
Do you smoke? \_\_\_\_\_ Average per day? \_\_\_\_\_  
Do you drink caffeine? \_\_\_\_\_ Average per day? \_\_\_\_\_  
Recent sun exposure \_\_\_\_\_

## Section D SkinQuest

What is your current skincare routine?

### Do you:

Cleanse  Yes  No  
Tone  Yes  No  
Exfoliate  Yes  No  
Use Masks  Yes  No  
Use Serums  Yes  No  
Use Eye Creams  Yes  No  
Daily SPF Level \_\_\_\_\_  
What are your concerns with your skin? \_\_\_\_\_  
What would you like to achieve today? \_\_\_\_\_  
Are you currently using Benzoyl Peroxide, Alpha Hydroxy or Beta Hydroxy Acids?  Yes  No  
Have you ever had injections, fillers, chemical peels or laser treatments?  Yes  No If so, when? \_\_\_\_\_  
Would you be okay with 3-7 days of downtime, which may include peeling?  Yes  No  
**Do you currently use/have you ever used:**  
Hydroquinone? If so, when? \_\_\_\_\_  Yes  No  
Retin-A? If so, when? \_\_\_\_\_  Yes  No  
Accutane/Isotretinoin? If so, when? \_\_\_\_\_  Yes  No

## Section E Females Only

### Are you:

Pregnant?  Yes  No  
Lactating?  Yes  No  
Taking contraceptives or any hormone supplements?  Yes  No

Client signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Skincare professional \_\_\_\_\_ Date \_\_\_\_\_

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

# Informed Consent for Exfoliation Treatment

I, (Name)  
 authorize (Name of Physician/Esthetician)  
 of (Name of Business)  
 to perform the marked exfoliation treatment.

## Agreement to follow post care treatment instructions

After receiving any resurfacer or chemical peel treatment, I agree to follow and use all prescribed home care products and instructions, including daily use of an SPF. As I begin the healing process, I agree to keep my skin protected daily from sun and heat. I will continue this home care regimen until I am instructed by my skincare professional to adjust it. \_\_\_\_\_

## Treatments

- Glycolic Acid Resurfacer Level I & II
- Lactic Acid Resurfacer
- MangoBrite Resurfacer
- Primary Pumpkin Resurfacer
- Power Pumpkin Resurfacer
- Power Peptide Resurfacer
- Salicylic Acid Resurfacer
- Modified Jessner's Chemical Peel
- SkinBrite Chemical Peel
- TCA/Salicylic Acid Chemical Peel
- Firming Enzyme Treatment
- Microdermabrasion
- MicroRoller
- Physician Only
- Glycolic Acid Peel
- Salicylic Acid Peel
- TCA
- Traditional Jessner's Peel
- Other \_\_\_\_\_

## I have informed my esthetician or physician of the following:

- My diagnosis of diabetes
- That I am a patient under a physician's care
- My use of all medications and supplements, including antibiotics
- My use of Isotretinoin (Accutane) in the past 12 months
- Any history of radiation to the region
- Herpes simplex or active infection
- My history of hypertrophic scar formation

## I agree to the following:

- That I am not pregnant or breast feeding
- That I have not used Retinoids, Hydroxy Acids or Benzoyl Peroxide for at least one week
- That I will not use Retinoids, Hydroxy Acids or Benzoyl Peroxide until my skin is healed
- That I have not waxed in the past week, or shaved the treated area for 24 hours
- That I will avoid hot baths/showers, sweating and strenuous exercise for one week post-procedure
- That I will avoid rubbing, picking and scrubbing my skin post-procedure, as it may result in scarring, hyperpigmentation or other skin damage
- That I will protect my skin from any sun exposure with a broad-spectrum sunscreen of at least SPF 30 daily
- I have received a patch test prior to my treatment. I have read and will follow any and all instructions to the best of my ability
- I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

## Please initial

\_\_\_\_\_ 1. I acknowledge that I have properly balanced my skin prior to undergoing the exfoliation treatment listed above. I followed the instructions provided by my skincare professional, and/or used the following skincare regimen:

### Option 1

For Fitzpatrick 1-3  
 Essential Daily Cleanser  
 Essential B5 Hydrating Serum  
 Stem Cell Rebuilding Complex  
 Essential Moisturizer  
 Youth Protection SPF 30

### Option 2

For Fitzpatrick 4-6  
 The use of the products listed in  
 Option 1, plus one of the following:  
 SkinBrite Serum or Cream  
 Retinol Brightening Serum

### Supplemental products

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ 2. I acknowledge that no guarantee has been made regarding the results of this procedure. Although it is impossible to list every potential risk and complication, I have been informed of the possible risks and complications which may include, but are not limited to, the following:

- Stinging, itching or irritation
- Redness and swelling of the skin
- Tightness, peeling or scabbing of treated skin and surrounding areas
- Skin sensitivity to wind, sun or other environmental factors
- Darkened pigmentation

result in the need to discontinue the treatment. In this case, alternative recommendation(s) will be suggested. It is very rare that a permanent disability occurs. In case of complication during or after the treatment, I authorize my esthetician or physician to perform any necessary treatments.

\_\_\_\_\_ 4. I agree to inform my esthetician or physician if I begin using any new medications or products during the course of the treatment. I attest that I have had an opportunity to ask questions and have had questions answered to my satisfaction.

\_\_\_\_\_ 3. Any potential risks and complications could

\_\_\_\_\_ 5. I certify that I am at least eighteen (18) years old.

Client signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Skincare professional \_\_\_\_\_ Date \_\_\_\_\_

*I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.*

# Fitzpatrick Skin Type (To be filled out by a professional)

	FITZ 1	FITZ 2	FITZ 3	FITZ 4	FITZ 5	FITZ 6
Eye Color	Light Blue, Gray or Green	Blue, Gray or Green	Blue, Gray, Green or Brown	Dark Brown	Brownish Black	Black
Natural Hair Color	Sandy Red	Blond or Light Brown	Chestnut or Dark Blond	Dark Brown	Black	Black
Color of Exposed Skin	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	Dark Brown
Freckles on Skin	Many	Several	Few	Incidental	None	None
Burn Reaction	Painful Redness, Blistering and Peeling	Blistering Followed by Peeling	Burn Sometimes Followed by Peeling	Rarely Burn	Never Burn	Never Burn
Short-term Tendency to Tan	Hardly or Not at All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	Turn Dark Brown
Long-term Tendency to Tan	Never	Seldom	Sometimes	Often	Always	Always
Photosensitivity	Very Sensitive	Sensitive	Normal	Rarely Have a Problem	Never Have a Problem	Never Have a Problem

Result: \_\_\_\_\_

Client signature \_\_\_\_\_

\_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Skincare professional \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

# Skin Analysis & Treatment Record

Client Name \_\_\_\_\_  
Date \_\_\_\_\_  
Patch Test \_\_\_\_\_

## Skin Type

Normal  Combination  Acne  Dry  Dehydrated

## Skin texture

Fine  Medium  Thick  Very Thick

## Acne Grade

0  1  2  3  4

## Pigmentation

P.I.H.  Melasma  Sun Damage  Area

## Rosacea

None  Nose  Cheeks  Chin  Forehead  Face

## Broken Capillaries

None  Nose  Cheeks  Chin  Forehead  Face

## Psoriasis

Yes  No

## Eczema

Yes  No

## Dermatitis

Yes  No

## Port Wine Hemangioma

Yes  No

## Keloids

Yes  No

## Laser/ Chemical Peels

Yes  No

## Tattoos

Yes  No

## Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be filled out by a professional

Treatment Number: 1, 2, 3, 4, 5, 6

Service cost: \_\_\_\_\_

Length of treatment: \_\_\_\_\_

Skincare professional: \_\_\_\_\_

Any changes to medical history since your primary consultation?  Yes  No

If yes, please specify: \_\_\_\_\_

Pre-treatment observations/changes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prepping Solution: \_\_\_\_\_

Chemical Peel Used: \_\_\_\_\_

Number of Passes: \_\_\_\_\_

Retinol?  Yes  No

Post-treatment observations: \_\_\_\_\_

\_\_\_\_\_

Post-treatment products: \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

DermaMinerals: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

Client signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Skincare professional \_\_\_\_\_ Date \_\_\_\_\_

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

# Resurfacers and Peels

## Important information regarding resurfacers and chemical peels

Resurfacers and chemical peels are some of the most effective and impressive options in skincare today. These advanced treatments have the ability to not only treat skincare concerns but also inspire confidence.

Resurfacers are superficial exfoliating treatments, meaning that they work on the stratum corneum layer, the very top layer of the skin. Resurfacers generally have no recovery time and can address several concerns and desires through the use of enzymes and acids, which diligently work to refine and exfoliate. Although it is possible to book a resurfacing treatment with a first-time client, you must be sure that they have the appropriately primed Fitzpatrick type for the treatment, and also be confident in your ability as a skincare professional. We recommend booking a Classic DermaQuest facial first. You can review these options in our Protocols section.

Chemical peels will also exfoliate and address a wide variety of concerns, yet they have the ability to penetrate beyond the stratum corneum and into the mid to lower sections of the epidermis where resurfacing treatments cannot reach. Since chemical peels penetrate so deeply into the skin, you cannot wipe them off, meaning that the active ingredients keep working within your skin long after your treatment. This delivers stronger and extended results. However, because you cannot simply remove a chemical peel, it is of the utmost importance to perform a patch test to ensure that there are no allergies or sensitivities to the products. Because chemical peels are so active and deeply penetrating, they do require downtime and a commitment from your client to follow your care instructions as their skincare professional. Yet with that commitment, and your thoughtful care as a professional, your clients can achieve stunning and lasting results.

### Main Contraindications for Resurfacers and Peels

- Use of Isotretinoin (accutane) in the past 12 months
- History of radiation to the area being treated
- Herpes simplex or active infection (refer to MD)
- History of hypertrophic scarring
- Pregnancy/ Lactating
- Obsessive pickers

Note that disorders that compromise the body's immune system, such as lupus or Crohn's disease, should be cleared by physician prior to treatment.

**Perform a patch test at least 24-72 hours prior to treatment. Cease use of retinoids, benzoyl peroxide, and AHA/BHA products 7 days prior to treatment. Do not perform a chemical peel on multiple or large areas in one treatment. Doing so may cause toxicity.**

Chemical peels and advanced resurfacers may cause increased sensitivity. Side effects may include, but are not limited to, stinging, itching, irritation, redness, swelling, tightness, peeling, scabbing and crusting of the skin. **Avoid sweating, exercising, hot tubs, hot showers and baths, scrubbing, picking, pulling or rubbing skin. This can lead to scarring and permanent skin damage.**

DermaQuest always recommends performing chemical peels and resurfacers during the winter and fall months. When scheduling chemical peels, we suggest performing them in a series of three, once a month. For resurfacers, we suggest a series of six, twice a month. For further example, refer to the charts below.

### Chemical Peels Schedule Example

1st Series of 3	2nd Series of 3
1 Peel in February	1 Peel in September
1 Peel in March	1 Peel in October
1 Peel in April	1 Peel in November

### Resurfacer Series Schedule Example

1st Series of 6	2nd Series of 6
2 Peels: Feb 1st and Feb 15th	2 Peels: Sept 1st and Sept 15th
2 Peels: March 1st and March 15th	2 Peels: Oct 1st and Oct 15th
2 Peels: April 1st and April 15th	2 Peels: Nov 1st and Nov 15th

### Pre-Treatment Support and Protection Instructions

Balance Fitzpatrick Skin Types 1-3 for 2 weeks with the following: Essentials Starter Kit

Balance Fitzpatrick Skin Types 4-6 for 4 weeks and incorporate a skin lightening product as follows: Essentials Starter Kit + SkinBrite Cream and/or SkinBrite Serum