



COLUMBIA LASER & AESTHETICS

1410 Blanding Street Suite 203
Columbia, SC 29201

Skin Care History Questionnaire and Waiver

Please answer the following questions so that your Licensed Esthetician may have a better understanding of your general health and lifestyle, thereby enabling your Esthetician to accurately analyze and assess your skin care needs.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Employment: _____

Health History

What type of work do you do? _____

Have you seen a dermatologist in the past year? _____ Yes _____ No

If yes, list dermatologist's name and reason for visit: _____

Are you presently under a physician's care? _____ Yes _____ No

If yes, list physician's name and reason for visit: _____

Are you currently taking any oral or topical medications? _____ Yes _____ No

If yes, please list: _____

What is your genetic/ethnic background?

_____ Caucasian

_____ African American

_____ Hispanic

_____ Asian

_____ Middle Eastern

_____ Other: _____

How would you rate your general health? _____ Excellent _____ Good _____ Fair _____ Poor

Please rate your stress level from 1-5 (5 being the highest): _____

Please circle the following conditions you may have currently or have experienced:

Hypertension	Metal Plate(s)	Diabetes	Fainting
Hernia	Stroke	Contact Lenses	Anemia
Irregular Pulse	Claustrophobia	Blood Disorders	Cancer
High Cholesterol	Varicose Veins	Seizures	Eating Disorder
Heart Attack	Epilepsy	Headaches	Asthma
Hepatitis	High/Low Blood Pressure	Tooth Fillings	Cold Sores
Lupus	Thyroid Disease	Autoimmune Disorder	

Please check any you have had an allergic reaction to:

_____ Aspirin or Salicylates

_____ Grapes or Apples

_____ Milk Products

_____ Latex

_____ Fish, Marine, or Iodine

_____ Skin Care Products

Have you ever had Herpes Simplex? Yes _____ No _____

If yes, have you been treated with Denavir® (Penciclovir), Zovirax® (Acyclovir), or Abreva? Please list:

Are you or have you been treated for Hepatitis? Yes _____ No _____

Home Care

What skincare products are you currently using at home?

Cleanser _____ Vitamin C _____

Toner _____
Moisturizer _____

Exfoliants _____
Sunscreen _____

Please circle any of the following you are currently using or have used in the past 12 months:

Benzoyl Peroxide (BP)
Glycolic Acid (AHA)
Lactic Acid (AHA)
Resorcinol
Salicylic Acid
Sulfur

Tretinoin (Retin A, Retin-A Micro, Renova)
Adepalene (Differin®)
Azelaic Acid (Azelex®, Finacea™)
Tazarotene (Tazorac®)
Isotretinoin (Accutane)
Vitamin A

Sun Protection

Do you use a sunscreen? Yes _____ No _____

What level of protection (SPF)? _____

Do you sunbathe or participate in outdoor activities? Yes _____ No _____

Do you tan in a tanning booth? Yes _____ No _____

If yes, have you tanned in a tanning booth in the last 14 days? Yes _____ No _____

When exposed to the sun do you:

_____ Always burn, never tan
_____ Always burn, sometimes tan
_____ Sometimes burn, sometimes tan
_____ Always tan

Do you feel your skin is sensitive? Yes _____ No _____

What skin conditions would you want to improve?

_____ Acne and/or breakouts
_____ Facial Scarring
_____ Enlarged Pores
_____ Rosacea
_____ Uneven tone
_____ Hyperpigmentation(freckles, age spots)
_____ Fine lines and/or wrinkles
_____ Other

Please mark any you may have had in the past 14 days:

_____ Facial Cosmetic Surgery
_____ Botox Injections
_____ Collagen Injections
_____ Skin Cancer
_____ Dermatitis
_____ Keloid Scarring
_____ Laser Resurfacing
_____ Chemical Exfoliation (Peel)
_____ Extractions
_____ Permanent Cosmetics
_____ Waxing
_____ Laser Hair Removal
_____ Microdermabrasion

Is there any other necessary information your esthetician should know before beginning your treatment? If yes, please explain _____

I, _____, acknowledge that all the information provided by me is true and correct to the best of my knowledge.

I understand that some skin conditions may require more than one treatment and home care products to achieve the result desired. Results cannot be guaranteed due to individual skin types and conditions.

I understand that I will notify my esthetician with any changes pertaining to the above questionnaire.

Female Clients Only

Are you on hormone replacement therapy? Yes _____ No _____

Are you presently taking birth control pills? Yes _____ No _____

Are you pregnant or nursing? Yes _____ No _____

Are you currently having skin care treatments? Yes _____ No _____

If yes, what type of treatment(s)? _____

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

**Do not fill out this page if you are not receiving a chemical peel today or in the future.*

Informed Consent for Chemical Exfoliation Treatment

Please read and initial beside each paragraph.

_____ I have been give the Skin Care History Questionnaire and read and answered the questions thoroughly.

_____ I have will discuss any further questions and/or concerns that I may have with my Esthetician.

_____ I acknowledge my obligations to closely follow any post care instructions given by my Esthetician and to visit my Esthetician for post treatment(s) as specified.

_____ I am aware and acknowledge that there is a rare possibility of an allergic reaction. I will discuss thoroughly with my Esthetician any such reactions so that I understand them.

_____ If needed, I consent to a patch test. In the event of any complications, I will immediately contact my Esthetician who performed the treatment.

_____ I am willing to forego a patch test but understand there is a rare possibility of an allergic response.

_____ I understand that my treatment is a noninvasive, light exfoliation consisting of singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Trichloroacetic Acid, Retinolic Acid, and/or Enzymes.

_____ I understand that the use of the above ingredients stimulates the skin to generate new skin cells. It does not replace deep chemical peels, laser resurfacing, or plastic surgery.

_____ I acknowledge that there may be some degree of discomfort during application. I may notice a warm sensation and my skin may tingle, sting, feel pin pricking, heat, or tightness. Immediately after the chemical exfoliation treatment, my face may appear frosted or red and by day two, the skin may darken in color, feel tighter, and be more sensitive. Days two through seven the skin may exfoliate dependent upon what peel is used. In that case, I am not to pick or peel my skin. Pulling or picking skin may lead to infection, hyperpigmentation, and/or surface scars.

_____ I understand I may experience some breaking out after a chemical exfoliation treatment.

_____ I acknowledge that I will avoid direct sun exposure during this procedure and will apply a sunscreen daily.

_____ Chemical Exfoliation treatments may lighten hyperpigmented skin, reduce acne breakouts or diminish fine lines. I acknowledge that there is NO GUARANTEED result. I am aware that there could even be an increase of uneven color tone from this procedure.

_____ I acknowledge that I have not been using Accutane, Differin®, Azelex®, Finacea™, Tazorac®, or any other prescribed medications for the past 14 days.

_____ I acknowledge that if I am prone to cold sore (Herpes Simplex), I may need a prescription for Denavir®, Zovirax®, or Abreva from my physician prior to having a chemical exfoliation treatment. I am aware the treatment could bring out these cold sores.

_____ I acknowledge that I am not aspirin sensitive. If I am aspirin sensitive, I will discuss this with my Esthetician and understand there could be a reaction.

_____ I acknowledge that to achieve maximum results, I may need several treatments and to use home care products.

_____ I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

_____ I acknowledge that there are no guarantees as to the results of this treatment, due to many variables such as: age, condition of skin, sun damage, smoking, hormones, lifestyle, climate, etc. I understand I may or may not actually peel, and that each case is individual.

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

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____