## Informed Consent

100

Informed Consent for Chemical Exfoliation Treatment Please read and initial after each statement.

SKIN CARE SPECIALIST SIGNATURE	DATE
CLIENT SIGNATURE	DATE
in color, feel tighter, and be more sensitive, Days two (2) through seven (7), the skin may exfoliate, I am not to pick or peel skin. Pulling or picking skin may lead to infection, hyperpigmentation and/or surface scars. I may experience some breaking out after a treatment.	
pin pricking, heat (burn) or tightness, Immediately after the chemical exfoliation treatment, my face may appear frosted or red, and by day two (2), the skin may darken	I hereby agree to all of the above and agree to have thi treatment performed on me. I further agree to follow all post-care instructions as I am directed.
I acknowledge that there may be some degree of discomfort during application. I will notice a warm sensation and the skin may tingle or sting and I may feel	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.
peel, laser resurfacing or plastic surgery.	results of this treatment, due to many variables, such as:
The use of the above ingredients stimulates the skin to generate new skin cells. It does not replace deep chemical	I acknowledge that there are no guarantees as to the
The state of the s	that no medical claims are expressed or implied.
Trichloracetic Acid, Retinolic Acid and Enzymes.	I understand this treatment is a cosmetic treatment and
light exfoliation consisting singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol,	products.
I have been advised that my treatment is a non-invasive,	need several treatments and should use home care
could be an allergic reaction,	I acknowledge that to achieve maximum results, I may
I am willing to forego a patch test but understand there	and understand there could be a reaction.
Specialist who performed the treatment.	Lacknowledge that I am not asprin sensitive. If I am aspiri sensitive, I have discussed this with my Skin Care Specialist
any complications, I will immediately contact the Skin Care	
I have had a patch test and it is negative. In the event of	exfoliation treatment. I am aware the treatment could prompt cold sores.
and understand them,	or Abreva from my physician prior to having a chemical
possibility of an allergic reaction. I have discussed thoroughly with my Skin Care Specialist any such reactions	I acknowledge that I am prone to cold sore (Herpes Simplex), I may need a prescription for Denavir®, Zovirax®
I am aware and acknowledge that there is a rare	
Care Specialist for a post treatment follow-up as specified.	Differin®, Azelex®, Finacea™, Tazorac® or any other prescribed medication(s) for the past two weeks.
closely follow the post care instructions and visit my Skin	I acknowledge that I have not been using Accutane,
My Skin Care Specialist has answered any questions I have regarding my post care. I acknowledge my obligations to	uneven color from this procedure.
avoided past industrial in with the shall be specialist.	result, I am aware that there could even be an increase
may have as well as time frames for anything that must be avoided post treatment with my Skin Care Specialist.	hyperpigmented skin, reduce acne breakouts or diminish fine lines, I acknowledge that there is NO GUARANTEED
I have discussed any further questions or concerns that I	Chemical Exfoliation treatments may lighten
have read and answered the questions thoroughly.	following this procedure and will apply a sunscreen daily.

## Skin Care History Questionnaire and Waiver

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

Name:			Date; _		•
Address:					
				Zip:	
Home Phone:		Business Phone:			•
Cell Phone:		Date of Birth	n;		
E-mail address:					
Health H	listory				
What type of work d	o you do?				
	matologist in the past y				
If yes, list dermatolog	ist's name, contact info	o and reason for visit _			-
	der a physician's care? name and reason for vi	isit			ž.
	ing any medications? \			ase list	Please see Contraindictions, page 44. Contact dermatologist to confirm treatment.
What is your genetic	background?				Z
How is your general h	nealth? Exceller	nt Good	Fair		ease see
Please rate your stres	s level from 1-5 (5 being	g the highest):		100	ontraindictions. age 44.
Please circle the folio	wing conditions you ha	ave or had experience	id;	4	
<ul><li>hypertension</li><li>metal plate</li></ul>	<ul><li>contact lenses</li><li>anemia</li></ul>	CS-SS-VC 00	esterol .	<ul><li>asthma</li><li>hepatitis</li></ul>	90
<ul> <li>diabetes</li> <li>fainting</li> </ul>	• lupus	• seizures	Sarting time	<ul> <li>tooth fillings</li> </ul>	
<ul><li>fainting</li><li>cold sores</li></ul>	<ul> <li>irregular pulse</li> <li>claustrophobic</li> </ul>	<ul> <li>eating dis</li> <li>heart atte</li> </ul>		<ul> <li>high/low blood pressure</li> </ul>	
• hernia	cancer	• epilepsy	JCK .	autoimmune diso	rder
• stroke	<ul> <li>thyroid disorde</li> </ul>		es		1
				These conditions may judge known or are a contact to treatment of trea	traindiction

questionable, contact a physician.

		18	
Do you take nutritional supplements?	Yes	No	
Do you exercise?	Yes	No	
Do you have a tendency to scar?	Yes	No	
Allergies: Have you ever had an allergic reaction to any o	f the following	ļi.	
ASPIRIN OR SALICYLATES	Yes	No	
MILK	Yes	No	The Office and the Committee of the Comm
APPLES	Yes	No	
CITRUS	Yes	No	parciniesi.
GRAPES	Yes	No	
INGREDIENTS IN SKIN CARE PRODUCTS	Yes	No	
FISH, MARINE OR IODINE ALLERGIES	. Yes	No	
LATEX	Yes	No	
If checked yes to any of the above, please explo	nin		
The second secon	4480		-
Have you ever had Herpes Simplex?		No	
If yes, have you ever been treated with Denavir®	(Penciclovir),	Zovirax® (Acycliv	or) or Abreva?
Yes No	Water		Carrellan can
Are you being treated for Hepatitis?	Yes	No	Consult with a physician, proper
Female clients only:  Are you on hormone replacement therapy?	Yes	No	medication may be needed or may be
Are you presently taking birth control pills?	Yes_	No	contraindicted.
Are you pregnant or nursing?	Yes	No	
Skin Care History			
Are you currently having skin treatments? Yes	No		
If yes, what type of treatment(s)			
Please check if you are presently using or have us	sed in the pas	t any of the tollo	wing:
Benzoyl Peroxide (BP)			
Glycolic Acid (AHA)			
Lactic Acid (AHA)			
Resorcinol			
Salicylic Acid (BHA)			

[2] [2] [2] [3] [3] [4] [5] [6] [6] [6] [6] [6] [7]

Do you have or have you had any	of the following in the last 14 do	ays\$
Facial Cosmetic Surgery		
Botox Injections		
Collagen Injections	Higher risk of contraindiction.	
Fillers (		
Light Treatments		
Laser Resurfacing		
Microdermabrasion		
Other		
HOME CARE:		Use of proper home care products
What skin care products are you c	urrently using at home?	are crucial to results, incorporate pre and post treatment products.
and the state of t	1977 B CONVENTION	and pest meaning in groupes.
Cleanser	THE CONTRACT ALCOHOL	
Toner	N	crubs
Moisturizer	Specialty Pr	oducts
SPF	Mask	
Adepalene (Differin®)  Azelaic Acid (Azelex®, Find Tazarotene (Tazarac®)  Isotretinoin (Accutane)  Triluma'*  Metrogel	Consult with a physician, as treatment may be contraindicted.	oe .
Any other topical antibiotics		
PLEASE CHECK IF YOU ARE PRESENT	LY EXPERIENCING OR HAVE EXP	ERIENCED ANY OF THE FOLLOWING:
Skin Cancer		
Dermatitis	Confirm who they are adulting to	TC or
Keloid Scarring	Confirm whether prescription, O retail products are at proper leve	
Acne	certain ingredients are needed while others may cause sensitivity	v or
Rosacea	reaction at high concentrations.	
Broken Capillaries Treatment Reactions		
Hypopigmentation	89	
Hyperpigmentation		

SUN PROTECTION;				
Do you use a sunscreen?		Yes	No	Chemical exfoliant
What level of protection?		W.		treatments make skin sun sensitive, SPF is
Do you sunbathe or participate in outdo	or activities?	Yes	No	highly recommended.
Do you tan in a tanning booth? Have you tanned in a tanning booth in t	la a laure 3 d alaure	Yes	No	111
Have you had any direct sun exposure in		Yes	No	
Total Gary Grader Son exposure in	Title last to days	Yes	No	
WHEN EXPOSED TO THE SUN DO YOU:				
Always burn, never tan  Always burn, sometimes tan  Sometimes burn, sometimes tan  Always tan	Helps determ Fitzpatrick Ski	nine n Type.		
Do you feel your skin is sensitive?		Yes	No	
WHAT SKIN CONDITIONS DO YOU WANT T	O IMPROVE?			
Acne and/or breakouts Facial Scarring Hyperpigmentation (freckles, ag Hypopigmentation	ge spots)	Helps esthetician understand expectations and create treatment plan	i. )	
Enlarged Pores Fine Lines and Wrinkles				
s there any other necessary information y hould know before beginning your treat yes, please explain	ment?	ecialists Yes	No	
have acknowledged that all the informa understand that some skin conditions mo ichieve the result desired. Results cannot understand I need to sign this waiver pric bove questionnaire.	ay require more ti be auaranteed :	nan one treatment o due to individual skir	and home care	products to
lient Signature:		Date:		Curio anama area
lient Signature:		Date:		and sign before
lient Signature:		Date:		A CONTRACTOR OF THE CONTRACTOR
lient Signature:		_ Date:		CONTACTOR TO A CONTACTOR OF THE CONTACTO
ient Signature:		Date:		
lient Signature:				
lient Signature:	0.00	_ Date:		
Please check if permission is granted Your name will remain anonymous.	to use pictures fo			Take pictures before and after freatment to monitor progress and for proper

## Skin Care History Questionnaire and Waiver

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

Name:		Date: _				
Address:						
Home Phone:	me Phone; Business Phone:					
Cell Phone:	Date of Birth:					
E-mail address;	F 9					
Health H	istory					
	you do?					
THE RESERVE THE PROPERTY OF TH	matologist in the past year? Y					
	ist's name, contact info and i					
		2000 (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (2000 ) (				
	der a physician's care? Yes_ name and reason for visit					
Are you currently tak	ing any medications? Yes	No If yes, ple	ase list			
What is your genetic	background?					
How is your general h	nealth?Excellent	GoodFair	Poor			
Please rate your stres	s level from 1-5 (5 being the h	ighest):				
Please circle the follo	wing conditions you have or	had experienced:				
<ul><li>hypertension</li><li>metal plate</li><li>diabetes</li><li>fainting</li><li>cold sores</li></ul>	<ul> <li>contact lenses</li> <li>anemia</li> <li>lupus</li> <li>irregular pulse</li> <li>claustrophobia</li> </ul>	<ul> <li>high cholesterol</li> <li>varicose veins</li> <li>seizures</li> <li>eating disorder</li> <li>heart attack</li> </ul>	<ul><li>asthma</li><li>hepatitis</li><li>tooth fillings</li><li>high/low blood pressure</li></ul>			
<ul><li>hemia</li><li>stroke</li></ul>	<ul> <li>cancer</li> <li>thyroid disorders</li> </ul>	<ul><li>epilepsy</li><li>headaches</li></ul>	autoimmune disorder			

Do you take nutrifional supplements?	Yes	No	
Do you exercise?	Yes	No	
Do you have a tendency to scar?	Yes	No	
Allergies: Have you ever had an allergic reaction to any o	f the following	]:	
ASPIRIN OR SALICYLATES	and the same	No	
MILK	Yes	No	
APPLES	Yes_	No	
CITRUS	Yes_	No	
GRAPES		No	
INGREDIENTS IN SKIN CARE PRODUCTS		No	
FISH, MARINE OR IODINE ALLERGIES	0.000	No	
LATEX	89/38/2019	No	
If checked yes to any of the above, please explo			
However bod Hereas Charles 2	1900	250	
Have you ever had Herpes Simplex?		No	
If yes, have you ever been treated with Denavir® YesNo	(Penciclovir),	Zovirax® (Acyclivor) or Abreva?	85
Are you being treated for Hepatitis?	Vas	No	
Female clients only:	1.es	NO	
Are you on hormone replacement therapy?			
Are you presently taking birth control pills?	Yes	No	
MANAGER SERVICE CONTRACTOR SERVICE SER	76	No	
Are you pregnant or nursing?	Yes		
	Yes	No	
Skin Care History	Yes	No	
Skin Care History  Are you currently having skin treatments? Yes	Yes	No	
Skin Care History  Are you currently having skin treatments? Yes  If yes, what type of treatment(s)	Yes Yes	No No	
Skin Care History  Are you currently having skin treatments? Yes  If yes, what type of treatment(s)	Yes Yes	No No	
Skin Care History  Are you currently having skin treatments? Yes  If yes, what type of treatment(s)  Please check if you are presently using or have us	Yes Yes	No No	
Skin Care History  Are you currently having skin treatments? Yes  If yes, what type of treatment(s)  Please check if you are presently using or have us  Benzoyl Peroxide (BP)	Yes Yes	No No	
Glycolic Acid (AHA)	Yes Yes	No No	

[2] [2] [2] [2] [2] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4]

Do you have or have you had any of the follow	ing in the last 14 days?
Facial Cosmetic Surgery	
Botox Injections	
Collagen Injections	
Fillers	
Light Treatments	
Laser Resurfacing	
Microdermabrasion	
Other	
HOME CARE:	
What Skin care products are you currently using	at home?
Cleanser	Vitamin C
Toner	Exfoliants/Scrubs
Moisturizer	Specialty Products
SPF	Mask
PRESCRIPTION PRODUCTS: Tretinoin (Retin A, Retin-A Micro®, RenoAdepalene (Differin®)Azelaic Acid (Azelex®, Finacea¹®)Tazarotene (Tazorac®)Isotretinoin (Accutane)Triluma¹®Metrogel	va, Avita)
Any other topical antibiotics	CING OR HAVE EXPERIENCED ANY OF THE FOLLOWING:
Skin Cancer	
Dermatitis	
Keloid Scarring	
Acne	
Rosacea	
Broken Capillaries	
Treatment Reactions	
Hypopigmentation	
Hyperpigmentation	

-					
SUN	PROTECTION:				
Do:	you use a sunscreen?		West	6515.48%	
Who	at level of protection?		Yes	No	-
Doy	you sunbathe or participate in outdoor o	activities?	Yes	No	
Hav	you tan in a tanning booth?	STANDARD STORES THE Z	Yes	No	-
Hav	e you tanned in a tanning booth in the li e you had any direct sun exposure in the	ast 14 days?	Yes	No	
	, seri anposore in the	sidsi io dayse	Yes	No	
	N EXPOSED TO THE SUN DO YOU:				
-	Always burn, never tan				
-	Always burn, sometimes tan				
4421	Sometimes burn, sometimes tan Always tan				
Dov					
DO y	ou feel your skin is sensitive?		Yes	No	<u>.</u>
WHA	T SKIN CONDITIONS DO YOU WANT TO IN	MPROVE?			
_	Acne and/or breakouts				
	Facial Scarring				
-	<ul> <li>Hyperpigmentation (freckles, age sp</li> </ul>	ots)			
-	Hypopigmentation				
	Enlarged Pores Fine Lines and Wrinkles				
	will also will kies				
OTHE					
OTHE					
is ther	R e any other necessary information your S d know before beginning your treatment	\$	Yes	No	
is ther	e any other necessary information yours	\$	Yes	_ No	
Is ther should If yes, I have I unde achiev	R e any other necessary information your S d know before beginning your treatment	orovided by me is true Quire more than one t	e and corre reatment a	ect to the best and home care	of my knowled
Is ther should If yes, I have I under achieve above	e any other necessary information your S d know before beginning your treatment please explain acknowledged that all the information p rstand that some skin canditions may red by the result desired. Results cannot be g rstand I need to sign this waiver prior to e aquestionnaire.	provided by me is true quire more than one t waranteed due to inc every treatment provid Date:	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and c NY changes p	of my knowled products to ondifion(s), ertaining to the
Is ther should If yes, I have I unde achiev I under above Client S	e any other necessary information your S d know before beginning your treatment please explain  acknowledged that all the information present that some skin conditions may receive the result desired. Results cannot be greated in need to sign this waiver prior to expressionnaire.  Signature:	provided by me is true quire more than one to quaranteed due to inc every treatment provid	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and c NY changes p	of my knowled products to ondition(s), ertaining to the
Is ther should If yes, I have I unde achiev I under above Client S	e any other necessary information your S d know before beginning your treatment please explain  acknowledged that all the information present that some skin conditions may receive the result desired. Results cannot be greated in need to sign this waiver prior to expressionnaire.  Signature:	provided by me is true quire more than one to uaranteed due to inc every treatment provid	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and c NY changes p	of my knowled products to ondition(s). erfaining to the
Is ther should If yes, I have I under achieve Client S	e any other necessary information your Stands before beginning your treatment please explain  acknowledged that all the information prestand that some skin conditions may receive the result desired. Results cannot be greated in need to sign this waiver prior to expressionnaire.  Signature:	provided by me is true quire more than one to uaranteed due to incevery treatment providence	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and c NY changes p	of my knowled products to ondifion(s). ertaining to the
Is ther should If yes,  I have I under achieve above  Client S  Client S  Client S	e any other necessary information your Standard before beginning your treatment please explain  acknowledged that all the information processed that some skin conditions may reduce the result desired. Results cannot be greated in need to sign this waiver prior to expressionnaire.  Signature:  Signature:	provided by me is true quire more than one to quaranteed due to incevery treatment provided	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and a NY changes p	of my knowled e products to ondifion(s), ertaining to the
Is ther should If yes,  I have I under achieved above Client Since Cli	e any other necessary information your Stands before beginning your treatment please explain  acknowledged that all the information prestand that some skin conditions may receive the result desired. Results cannot be greated in need to sign this waiver prior to expressionnaire.  Signature:	provided by me is true quire more than one to uaranteed due to ince every treatment provid	e and corre reatment a dividual skin ded, with A	ect to the best and home care type(s) and c NY changes p	of my knowled products to ondition(s). ertaining to the

Please check if permission is granted to use pictures for marketing and training purposes. Your name will remain anonymous.

## glō•therapeutics Treatment Record

CLIENT'S NAME:	DATE:
CLIENT'S CURRENT SKIN CARE PRODUCTS:	
TREATMENT PROVIDED	
AREA TREATED:	HOW MANY LAYERS / TIME LEFT ON SKIN:
PRODUCT USED TO PREP SKIN: Peel Prep	Enzyme Glycolic 30% NEUTRALIZED: Yes No
MASK: None Soothing Gel Mask Calm	ring Seaweed Mask Restorative Mask Refining Mask
ADDITIONAL PRODUCTS USED:	
RESULTS: Redness Hot Spots Frosting	
COMMENTS:	
CUENT'S NAME:	DATE:
	- Unit.
TREATMENT PROVIDED	
AREA TREATED:	HOW MANY LAYERS / TIME LEFT ON SKIN;
PRODUCT USED TO PREP SKIN: Peel Prep	Enzyme Glycolic 30% NEUTRALIZED: Yes No
MASK: None Soothing Gel Mask Calm	ning Seaweed Mask Restorative Mask Refining Mask
ADDITIONAL PRODUCTS USED:	
RESULTS: Redness Hot Spots Frosting	Other
COMMENTS:	
CLIENT'S NAME:	DATE:
TREATMENT PROVIDED	
AREA TREATED:	HOW MANY LAYERS / TIME LEFT ON SKIN;
PRODUCT USED TO PREP SKIN: Peel Prep	Enzyme Glycolic 30% NEUTRALIZED: Yes No
MASK: None Soothing Gel Mask Calm	ing Seaweed Mask Restorative Mask Refining Mask
ADDITIONAL PRODUCTS USED:	
RESULTS: Redness Hot Spots Frosting	Other
COMMENTS:	