



*EN Signature Brows & Beauty Studio*

## Seaweed Peel Consent Form

Client Name \_\_\_\_\_ Date \_\_\_\_\_ Technician \_\_\_\_\_

This form is designed to provide information for making an informed decision regarding your peel. If you have any questions, please do not hesitate to ask your esthetician. While peels are effective in most cases, no guarantee can be made for individual results.

Please initial that you understand and agree with the following.

\_\_\_\_ I have completed the client profile/medical history form **accurately**.

\_\_\_\_ I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, and the use of hormones, recent facial surgery, laser resurfacing or injectable treatments, recent use of Retin-A, or use of Accutane in the last 12 months.

\_\_\_\_ I understand that there are no guaranteed results from this treatment. Many variables such as age, sun damage, on going sun exposure, smoking, excessive alcohol intake, climate, diet, and water intake, skin thickness, and sensitivity can affect results. I understand that I may or may not peel and that each case is individual.

\_\_\_\_ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. I will immediately contact the Esthetician/Changes performing the treatment of any adverse reactions.

\_\_\_\_ **I will not scratch, pick, pull at or abrade the treated skin.**

\_\_\_\_ I understand that direct sun exposure and the use of a tanning booth is **prohibited** during this treatment time, and that a **mandatory use** of a minimum SPF 30 **mineral based sun protection daily is required**.

\_\_\_\_ I understand that to **achieve maximum results** I must follow the recommended home care regimen outlined by my esthetician. Altering the regimen or using products other than those recommended may alter or inhibit results. For Timeless Peel use of the After Care Kit is required.

\_\_\_\_ I understand that **it may take several treatments to obtain the desired results**.

\_\_\_\_ I understand that the following **side effects or complications** can occur:

- |                          |  |
|--------------------------|--|
| 1. Discomfort            | 6. Scarring  |
| 2. Redness and swelling  | 7. Hyper-pigmentation  |
| 3. Hypo-pigmentation     | 8. Acne breakouts  |
| 4. Itching or irritation | 9. Skin peeling or flaking up to 14 days after the procedure |
| 5. Infection             |  |

\_\_\_\_ I understand the goals of the treatment as well as the limitations and possible complications.

In signing below I agree I understand in full the information presented above, and freely give consent to undergo the peel procedure. All questions have been answered to my complete satisfaction. The undersigned acknowledge the potential risks of a peel procedure and, except for damage resulting from the sole gross negligence of Elizaveta Neginskaya LLC. , I agree to release Elizaveta Neginskaya LLC. & its employees and agents from any claim or liability arising out of this service.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_



ELIGAVITA REGISTERATA

EN Signature Brows & Beauty Studio

Seaweed Peel/Client Profile & Medical History

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Skin Tone (circle one): Pale/White, Light Redish/Freckles, Lt. Olive, Med. Olive, Dark Olive, Dark Brown Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Do you wear contact lenses? Yes No Do you have permanent makeup? If so, where? \_\_\_\_\_

Have you had a peel before? Yes No When? \_\_\_\_\_

Describe your skin (circle all that apply): Normal, Oily, Dry, T-zone/Combination, Freckled, Sun Damaged, Uneven/Blotchy, Mature, Wrinkled, Saggy, Large pores, Small pores, Acne, Milia, Comedomes, Occasional Breakouts, Scarred, Cystic, Melasma, Rosacea, Hypo-pigmented or Hyper-pigmented

Do you consider your skin Sensitive or Tolerant? \_\_\_\_\_

Do you have dilated capillaries or spider veins on your face? Yes No

Are you sun or wind-burned? Yes No When was the last time you tanned? \_\_\_\_\_

When was the last time you had facial hair removed? \_\_\_\_\_

Are you pregnant? Yes No Trying to get pregnant? Yes No

Have you had an "injectable" treatment from a Physician recently? Yes No When? \_\_\_\_\_

Are you recently facially post operative? Yes No If yes, Please describe \_\_\_\_\_

Are you allergic to milk, apples, citrus, grapes, aloe vera, aspirin or hydraquinone? Yes No

Any other allergies? (Please explain) \_\_\_\_\_

Are you using: Retin A \_\_\_\_\_ Renova \_\_\_\_\_ Accutane \_\_\_\_\_ How frequently? \_\_\_\_\_

Are you taking hormones, birth control? Yes No What kind? \_\_\_\_\_

Please list all medications (prescription and OTC) \_\_\_\_\_

Have you ever had an adverse product reaction? Yes No Describe \_\_\_\_\_

Do you: Smoke? Yes No Drink Caffeine? Yes No How much? \_\_\_\_\_ Alcohol? Yes No

Do you get cold sores/fever blisters? Yes No If so, do you take medication for it? Yes No

Describe your skin care regime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What about your skin bothers you and what would you like to have corrected or improved?

\_\_\_\_\_

\_\_\_\_\_



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Seaweed Peel Aftercare:

For the maximum benefit from your peel procedure follow the Post Peel Treatment Instructions listed below for your entire recovery time.

If you have any questions you may Call/TEXT our office @ (808) 797-5757

1. Avoid direct sun exposure for 5-10 days.
2. No waxing or any other type of hair removal for 7-14 days.
3. No facial treatments for 7-14 days.
4. Avoid exercise (getting heated) for 24 hours.
- 5. DO NOT PICK, PULL, OR ABRASE SKIN.**
6. No exfoliating products for 5 days.
7. Increase water intake to include at least 8 (8 oz.) glasses daily
8. Sun block (Mineral based) is mandatory and should be re-applied every 2-3 hours

REFUND POLICY:

Individual services, promotional services, sale services, series services, gift certificates purchased for yourself or for another individual are absolutely non-refundable. This applies to all of the procedures offered at the salon.

There are NO REFUNDS on any procedures or services we have already initiated or already completed. NO EXCEPTIONS \_\_\_\_\_(Initials)

Client Name \_\_\_\_\_ Date \_\_\_\_\_ Technician \_\_\_\_\_