



Client Consent – Chemical Peels

Name: _____ Date: _____

I understand that I should not have a chemical peel if I intend to continue to have excessive sun exposure. It has been explained to me that the treated area will be more sensitive to the sun as a result of the treatment and will require regular use of sunscreen. _____

My expectations are realistic and I understand that the results are not guaranteed and that for maximum results, more than one application may be required. The rate of improvement of my skin depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels, or acne condition. _____

I understand that this procedure is expected to make the skin feel uncomfortable while being applied, but agree to inform the skin professional immediately if I have concerns or am overly uncomfortable during treatment or after I return home.

I agree that I am willing to follow recommendations by my therapist for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my therapist and

I acknowledge that I have been informed of the possible negative reactions (intense erythema, welts, scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my therapist immediately. _____

I consent to “before and after” photographs for the purpose of monitoring treatment effects, documentation, potential advertising and promotional purposes. _____

I understand that any information provided is to aid the service professional in giving better service and is completely confidential. I understand, have read and completed this questionnaire honestly and truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I agree to keep the service provider updated to any changes in my medical profile and understand that there should be no liability on the service providers part should I fail to do so. I give permission to my skin care specialist to perform treatment we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. If I experience any discomfort or pain during the session, I will immediately inform the service professional. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I understand that the services offered are not a substitute for medical care. I also understand that the service provided, and advice of the provider should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a medical professional for any mental or physical ailment I am aware of. I understand the service professional is not qualified to diagnose, prescribe, or treat any skin disease or disorder and nothing said during the course of the appointment be construed as such. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today. By signing below, I hereby authorize Bliss by Sherise to administer treatment services to me, and will hold Bliss by Sherise or its service providers harmless from any liability that may result from this treatment. I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature _____ Date _____