



## Chemical Peels Medical History

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- 1.) Do you have any specific skin problem or skin care?
- 2.) Are you being treated for it?
- 3.) Is your skin sensitive? Any allergies?
- 4.) Are you taking any medications? Herbs? Topical medications including retinols/retin A, hydroquinone, benzol peroxide, antibiotics, metro gel, cortisone/steroid, vitamin C, salicylic acid, etc.?
- 5.) Have you ever taken oral retinoid/tretinoin?
- 6.) Have you waxed or use hair removal cream on your face?
- 7.) Have you had history of oral herpes/ cold sores?
- 8.) Do you get "flush or reddened" when eating spicy food, drink alcohol, or go in the sun?
- 9.) Does your skin ever get flaky or itch? Have you ever been diagnosed with rosacea?
- 10.) Does your skin scar easily? Have you ever had keloid scarring?
- 11.) Are you pregnant or breastfeeding?
- 12.) Have you ever experienced dark spots or "pregnancy mask"?
- 13.) What do you use on your skin currently?
- 14.) Have you used any aggressive exfoliation on your skin within the last 2 weeks?

15.) Have you had any of these skin procedures done before? (Chemical peels/ IPL/ laser resurfacing/ radio frequency/ laser hair removal/ dermabrasion/ facial surgery/ Botox/ Fillers/ other procedures on your face) If yes, when?

16.) Is your skin oily/ dry/ mixed/ sensitive? Please explain.

17.) Do you have any dark spots/ hyperpigmentation on your face? How long?

18.) Do you use sunscreen? If yes, What kind of sunscreen? How often do you apply it? Do you wear a sun hat?

19.) Do you do outdoor work?

20.) Do you use tanning beds? Tanning products?

**Contraindications**

- Patients with active cold sores or warts wounded, sunburned, excessively sensitive skin, dermatitis, or inflammatory rosacea in the areas to be treated.
- Patients with history of allergies, rashes or skin reactions may be sensitive to treatments
- Use of Accutane use within the last year
- History of recent chemotherapy or radiation therapy (unless cleared by oncologist)
- Patients with history of allergies (especially allergies to Aspirin), rashes or other skin reactions, or those who may be sensitive to any components in the treatment.
- Women who are pregnant, planning to become pregnant, or are breastfeeding.
- Patients with vitiligo.
- Patients with autoimmune disease such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_