


Client Contraindications Checklist

NAME	DATE	INDICATED?	DISCUSSION/ CONCLUSION
History of skin disorders such as loose skin, skin folds, excessively thick skin, congenital skin growth disorders, and collagen disorders.			
Question your client about prior herpes simplex exposure or outbreaks, which if evident perform the treatment ONLY around the outbreak area.			
Recent or ongoing use of isotretinoin (ACUTANE) is a contraindication to microdermabrasion. Avoiding microdermabrasion for at least 6 months following the completion of isotretinoin therapy is recommended.			
Prior radiation therapy resulting in radiodermatitis is a relative contraindication to microdermabrasion. Depth of abrasion must be acutely controlled in these patients, since the skin is markedly thin at the outset.			
A recent chemical peel or burn			
Acute inflammation caused by bacteria, viruses, poisons or allergens is contraindicated. You can tell if this is the case because the tissues will be red, hot, and painful, with congestion accompanied by fever.			
Tendency for keloid or hypertrophic scar formation			
Unrealistic expectations or Uncooperative patient			
Reticular dermis-level resurfacing (medically performed) procedure within preceding 2-3 months			
Unwillingness to accept possibility of post-treatment temporary erythema or hypo/hyperpigmentation.			
Excessively thin skin			
Collagen vascular disease			
Human immunodeficiency virus (HIV)			
Hepatitis C infections			
Malignant cutaneous tumors			
FINAL CONCLUSION			
CUSTOMER SIGNATURE BELOW ACKNOWLEDGES FULL DISCLOSURE AND ACCEPTANCE OF INHERENT SIDE EFFECTS AND THE REQUIREMENT TO USE SPF 8 – 15 DAILY. <div style="text-align: center; margin-top: 10px;">  </div>			

INFORMED CONSENT AND RELEASE FORM

PowerDerm Kinetic Dermabrasion

CLIENT: _____

To our Clients: You have the right to be informed about the impact of certain medical and skin conditions that could preclude you from undergoing this procedure. This disclosure and release is simply our organized method of ensuring you have been thoroughly examined and informed, relating to factors you may or may not be aware of that might impact our decision to proceed.

Client Understandings:

- I have gone over and signed off on a thorough contraindication checklist with this skin care professional in order to establish whether there is any medical or skin condition that would preclude (contraindicate) engaging in this procedure. I am not precluded from having this procedure. INITIAL _____
- Although the results are usually dramatic, I have been informed that results will vary because of variations in skin type, tone, condition, age, or prior procedures, and because this is not an exact science. I am willing to undergo this procedure without any expected results, since no guarantee can be made, and the results can be subjective. No guarantees, verbal or written have been made concerning the results. INITIAL _____
- The most potential complications are slight swelling and/or abrasions at the treatment site. I have been advised of the risks involved in such a procedure, the expected benefits, and alternate methods to address my skin conditions, including no treatment, procedure, or action, as an option. INITIAL _____
- I understand that I may need several successive procedures to attain the cosmetic condition that I desire. I have been advised of what, how many, and how often would constitute a program of treatments for my circumstances. INITIAL _____
- I hereby consent to the Kinetic Dermabrasion Treatment. This constitutes the full disclosure and supersedes any previous verbal or written disclosures regarding this type of treatment. INITIAL _____
- I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions. INITIAL _____

_____	X	_____
Staff Signature	Patient Signature	Date

INFORMED CONSENT AND RELEASE FORM

AHA Alpha-Hydroxy Acid and TCA—Trichloroacetic Acid Peels

To our Clients: You have the right to be informed about the impact of certain medical and skin conditions that could preclude you from undergoing this procedure. This disclosure and release is simply our organized method of ensuring you have been thoroughly examined and informed, relating to factors you may or may not be aware of that might impact our decision to proceed.

Client Understandings:

- I have gone over and signed off on a thorough contraindication checklist with this skin care professional in order to establish whether there is any medical or skin condition that would preclude (contraindicate) engaging in this procedure. I am not taking any prescription for skin conditions, nor have I used Accutane any time during the past 6 months, or Retin A. If I am prone to cold sores (herpes), I may need a prescription from my medical doctor. I acknowledge and affirm that I am not precluded from having this procedure for any medical or contraindicated reason. INITIAL _____
- Although the results are usually dramatic, I have been informed that results will vary because of variations in skin type, tone, condition, age, or prior procedures, and because this is not an exact science. I am willing to undergo this procedure without any expected results, since no guarantee can be made, and the results can be subjective. No guarantees, verbal or written have been made concerning the results. INITIAL _____
- The most common results are slight swelling and tightness of the face/neck. I acknowledge that during the application, I will experience a warm sensation, and the skin will tingle or sting. My skin care specialist is able to neutralize the peel at any time during the procedures. Immediately after the peel, my face may appear sunburned, and start to feel tighter and be more sensitive. By day 2 the skin may darken in color as pigment is pulled from the dermis, and the skin tightens more. Although I will look unsightly, I understand I am never to pull or pick on any tag of dead skin to attempt to quicken the peeling effect, because infection or scarring is possible. I will moisturize with skin hydrators 24/7 for the next 7-10 days. I realize that I must use a sunscreen of 25+ SPF whenever I am in the sun or coloration may occur. I understand that there is no guarantee that Melasma will be reduced or fade. My face may develop uneven color, especially if I have uneven color before the peel I have been advised of the risks involved in this procedure, the expected benefits, and alternate methods to address my skin conditions, including no treatment, procedure, or action, as an option. INITIAL _____
- I have been given HOME INSTRUCTIONS and have read them. I have received answers to after care from my skin care specialist signed below. I acknowledge my obligation to closely follow the after care instructions to the letter. I am solely responsible if any complications occur because I have misunderstood or ignored the after care instructions. I am not relying on any verbal instructions from my skin care specialist signed below. INITIAL _____
- I understand that I may need several successive procedures to attain the cosmetic condition that I desire. I have been advised of what, how many, and how often would constitute a program of treatments for my circumstances. INITIAL _____
- I hereby consent to the light chemical peels of either or both AHA or TCA, by themselves or in tandem. This constitutes the full disclosure and supersedes any previous verbal or written disclosures regarding this type of treatment. INITIAL _____
- I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions. INITIAL _____

Staff Signature

X

Patient Signature

Date