

Medical/Treatment History:

- Do you currently use depillatories or wax? No Yes
(Discontinue use five days pre- and post-treatment.)
- Have you had a chemical peel or any type of procedure with a medical device? No Yes
Within the last 14 days? No Yes
What type? _____
- Do you have regular collagen, Botox® or other dermal filler injections? No Yes
(Peels should precede or follow injections by two days to prevent movement of the filler or stinging at the injection site.)
- Have you recently had laser resurfacing or facial surgery? No Yes
Describe _____
When? _____
- Are you currently taking any medications, topical or otherwise? No Yes
(Tretinoin/Retin-A®/Renova®/Differin®/Tazorac®/Avage®/ EpiDuo™/Ziana®)
Which one(s)? _____
For how long? _____
What strength? _____
(High percentages of certain ingredients may increase sensitivity. Discontinue use five days before and after treatment. Consult your physician before discontinuing use of any prescription.)
- Are you currently using any topical retinoid prescriptions? No Yes
- Have you ever undergone Accutane® therapy (isotretinoin)? No Yes
(If you are currently using Accutane® therapy (isotretinoin), please consult with your dispensing physician.)
(If you are no longer using Accutane® therapy (isotretinoin) it is OK to apply ONE layer of Ultra Peel® I, Sensi Peel®, Ultra Peel® II, Esthetique Peel, Oxy Trio®, Hydrate: Therapeutic Oat Milk Mask or Revitalize: Therapeutic Papaya Mask.)
- Do you develop cold sores/fever blisters? No Yes
Last breakout? _____
- Are you allergic/sensitive to (circle all that apply) milk / apples / citrus / grapes / aloe vera / aspirin / perfumes / latex / hydroquinone / mushrooms? No Yes
If any other allergies, what? _____
- Have you ever used any other products that caused a bad reaction? No Yes
Describe _____

Patient Signature: _____ Date: _____

Clinician Signature: _____ Date: _____