

CHEMICAL PEEL CONSENT FORM

Business Name: _____

Date: _____

Informed consent form for chemical peel treatments covering procedure depth, expected downtime, contraindications, and sun exposure warnings.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Peel type *

Options: Light/Superficial (AHA, BHA) / Medium (TCA, Jessner) / Deep (Phenol) / Enzyme Peel

Skin concerns *

Options: Acne / Hyperpigmentation / Fine Lines / Sun Damage / Uneven Texture / General Rejuvenation

Fitzpatrick skin type *

Options: Type I (Very Fair) / Type II (Fair) / Type III (Medium) / Type IV (Olive) / Type V (Brown) / Type VI (Dark Brown/Black)

Are you using any retinoids or exfoliating acids? *

Options: Yes — stopped 7+ days ago / Yes — still using / No

Have you had any facial treatments in the last 2 weeks?

Do you have a history of cold sores? *

Options: Yes / No

Are you pregnant or nursing? *

Options: Yes / No / N/A

I understand peeling and redness are expected *

I commit to using SPF 30+ daily during healing *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to the chemical peel treatment described above. I understand that chemical peels use acid solutions to exfoliate skin layers and that:
(1) Expected side effects include redness, peeling, sensitivity, and temporary darkening; (2) Risks include hyperpigmentation, hypopigmentation, scarring, infection, and cold sore activation; (3) Sun exposure during healing can cause permanent discoloration; (4) I must use SPF 30+ daily and avoid direct sun for 2-4 weeks post-treatment; (5) Results vary by skin type, condition, and peel depth. I have disclosed all medications, skin conditions, and recent procedures.

Client Signature: _____

Date: _____

Print Name: _____