Chemical Peel Consent

The client signs before the service. The dermatologist or aesthetician countersigns.

CLINIC NAME

DERMATOLOGIST OR AESTHETICIAN NAME

Client

FULL NAME

EMAIL

PHONE

DATE OF BIRTH

ID CHECKED

Service

PEEL

STRENGTH (%)

SESSIONS

A chemical solution removes the outer layers of skin to treat pigmentation, acne or texture. Peeling, flaking and redness for several days are expected.

Health check

Have you used isotretinoin in the last 6 months?

○ No ○ Yes

Do you use retinoids or exfoliating acids now?

○ No ○ Yes

Do you have active cold sores, eczema or open wounds?

○ No ○ Yes

Are you pregnant or breastfeeding?

○ No ○ Yes

ALLERGIES, MEDICINES OR DETAILS OF ANY "YES"

Risks

- Burning, redness and peeling
- Darkening of skin (post-inflammatory hyperpigmentation), more common in Indian skin types
- Cold-sore flare-up
- Scarring (rare)

Aftercare

- Use a gentle cleanser, moisturiser and SPF 50 daily.
- Do not peel or pick flaking skin.
- Stop retinoids and acids for a week.

Consent

- I am 18 or older, and the answers above are true.
- I understand that results vary with skin, hair and health, and that following the aftercare is my responsibility.
- The clinic follows hygiene practice using sterile or single-use tools where applicable.

☐ I consent to the service described and release the studio from claims for reactions I did not disclose or aftercare I did not follow.

☐ The studio may photograph the result for its portfolio and social media.

Client

SIGNATURE

PRINTED NAME

DATE

Clinic

SIGNATURE

PRINTED NAME

DATE