

Name _____ Age _____ Today's Date _____

Am I a candidate for ProPeel?

1. Do you smoke? Yes _____ No _____ If yes, how many packs per day? _____

If you answered yes to the above question and cannot cut your smoking in half between now and two weeks after the ProPeel, you are not a candidate.

2. Do you sunbathe, visit tanning salons or practice outdoor sports? Yes ___ No ___ Occasionally ___

If you answered yes to the above question and cannot limit your exposure and protect your skin with sunscreen, sunhat and sun protective clothing between now and two (2) weeks after the ProPeel, you are not a candidate.

3. Are you presently on Accutane® or have you completed a course of Accutane within the past six months?

Yes _____ No _____ If yes, date of completion: _____

If you answered yes to the above question, then wait to get a peel until six (6) months after your date of completion.

4. Are you pregnant, intend to get pregnant in the next 12 weeks or breastfeeding? Yes _____ No _____

If you answered yes to the above question, then wait to get a peel until after you deliver or complete breastfeeding

5. Are you currently under a physician's care for any cardiac condition? Yes _____ No _____

If you answered yes to the above question, then you must with consult your physician prior to receiving a ProPeel.

6. Are you currently undergoing chemotherapy or radiation treatment? Yes _____ No _____

If you answered yes to the above question, then wait until you have completed your therapy and consultation with your physician.

Medical History

What medical conditions do you have if any? (Ex. Diabetes, Lupus, Cancer) _____

What medications do you take on a regular basis? _____

Any known allergies? _____

Do you wear contacts lenses? Yes ___ No ___

If yes, do you have glasses to wear the day of the peel? Yes ___ No ___

Have you ever had cold sores, fever blisters and/or herpes? Yes _____ No _____

If yes, are you able to obtain an antiviral medication (ex. Zovirax) at least one day before your scheduled peel?

Yes _____ No _____

Are you Claustrophobic? Yes _____ No _____ If your Claustrophobia is debilitating this may not be the procedure for you. Please speak to your skincare professional about this concern.

Have you been diagnosed with OCD (Obsessive Compulsive Disorder)? Yes _____ No _____

If your OCD is debilitating this may not be the procedure for you. Please speak to your skincare professional about this concern.

What is your current at-home skincare regimen?

AM:

Cleanser: _____
Brand, Product Name and Percentage (if applicable)

Toner: _____
Brand, Product Name and Percentage (if applicable)

Treatment: _____
Brand, Product Name and Percentage (if applicable)

Sunscreen: _____
Brand, Product Name and Percentage (if applicable)

Other: _____
Brand, Product Name and Percentage (if applicable)

PM:

Cleanser: _____
Brand, Product Name and Percentage (if applicable)

Toner: _____
Brand, Product Name and Percentage (if applicable)

Treatment: _____
Brand, Product Name and Percentage (if applicable)

Other: _____
Brand, Product Name and Percentage (if applicable)

1. Are you currently using a vitamin A, or vitamin A variant, product? Yes _____ No _____

If yes, please describe the vitamin A product that you are using, including brand and strength.

How many weeks? _____ Number of applications per day _____

2. Are you presently using an AHA product (ex. glycolic acid, mandelic acid, lactic acid, citric acid)? Yes ___ No ___

If yes, please describe the AHA product that you are using, including brand and strength.

How many weeks? _____ Number of applications per day _____

3. Do you have blotchy brown skin (melasma or brown spots)? Yes _____ No _____

How long have you had this condition? _____

Was it caused by too much sun, pregnancy, birth control, hormone replacement therapy or other causes?

4. Are you presently using a tyrosinase inhibitor (ex: hydroquinone, licorice extract or alpha-arbutin)? Yes ___ No ___

If yes, please describe the tyrosinase inhibitor that you are using, including brand and strength.

How many weeks? _____ Number of applications per day _____

5. Do you have any acne? Yes _____ No _____ Are you still breaking out with acne? Yes _____ No _____

6. Have you ever had a chemical peel or microdermabrasion treatment? Yes _____ No _____

Please describe what type? _____ If yes, how long ago? _____

Were there any complications? Yes _____ No _____ If yes, please describe: _____

7. Have you had recent procedures (surgical or non-surgical) performed on the area to be peeled? Yes ___ No ___

What type of procedure? _____ If yes, how recent? _____

Were there any complications? Yes ___ No ___ If yes, please describe: _____

My ethnic origin is: (check ALL that apply)

- ___ Very fair (Scottish and Scandinavian)
- ___ Fair-skinned (Caucasians with light hair and light eyes)
- ___ Pale- skinned (Caucasians with dark hair and dark eyes)
- ___ Olive-skinned (Mediterranean, some Asian, some Hispanic)
- ___ Dark-skinned (Middle Eastern, Hispanic, Asian, some African)
- ___ Very dark-skinned (African or African American)

What Fitzpatrick Skin Type are you? Circle the Type

Fitzpatrick Skin Type	Length of Preconditioning
Type I (very white or freckled)	4-6 weeks
Type II (white)	6-8 weeks
Type III (white to olive) & Type IV (brown)	8-12 weeks
Type V (dark brown) & Type VI (black)	12-16 weeks

Where do you want a ProPeel? (face or body part) _____

Why do you want a ProPeel? _____

Specifically what conditions do you want to improve with ProPeel? (circle all that apply)

- Sun Damage
- Fine Lines and Wrinkles
- Age Spots
- Hyperpigmentation (Brown Spots)
- Uneven Skin Tone
- Enlarged Pores
- Acne
- Acne Scarring
- Other

What are your expectations? (please explain)

Reviewed by:

Skin Care Professional Signature Date

Client Signature Date

File in the client's chart.

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