

Advance Clinical Facial Consultation Form



Client Name: _____ Phone: _____ c h w

Email: _____ Phone: _____ c h w

DOB (mm/dd): _____ ☐ under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

Emergency Contact (Relationship) _____ Phone _____

Physician Name & City/State _____ Phone _____

About You:

▪ Ethnic Background: *(check all that apply)*

☐ African American

☐ Irish

☐ Nordic

☐ Asian

☐ Mediterranean

☐ Scandinavian

☐ English

☐ Middle Eastern

☐ Other: _____

☐ Hispanic

☐ Native American

▪ Natural Eye Color: _____ Natural Hair Color: _____

▪ Do you consider your skin: *(check the best option)* ☐ Sensitive ☐ Resilient ☐ Unsure

▪ Describe your skin type: *(check all that apply)*

☐ Normal

☐ Cysts

☐ Hypopigmentation

☐ Dry

☐ Breakouts

☐ Uneven/Blotchy

☐ T-Zone/Combination

☐ Acne-scarred

☐ Mature

☐ Thick

☐ Large pores

☐ Wrinkled

☐ Thin

☐ Small pores

☐ Patchy dryness

☐ Saggy

☐ Rosacea

☐ Sallow

☐ Firm

☐ Eczema

☐ Psoriasis

☐ Oily

☐ Freckled

☐ Dehydrated/Lacking moisture

☐ Acne

☐ Sun-damaged

☐ Asphyxiated

☐ Comedones/Blackheads

☐ Melasma

☐ Telangiectasia/Broken

☐ Milia

☐ Hyperpigmentation

capillaries

▪ List any other specific skin problems or concerns? _____

▪ What are the changes you would most like to see in your skin? _____

About Your Lifestyle:

- Are you pregnant, trying to become pregnant or lactating? ☐ Y ☐ N *If "Yes", please consult with your obstetrician.
(Only the Oxygenating Trio® or Detox Gel Deep Pore Treatment or the Hydrate: Therapeutic Oat Milk Mask are appropriate)*
- Do you wear contacts? ☐ Y ☐ N *If "Yes", please remove if your eyes are sensitive.*
- Do you currently have a sunburned, windburned or red face? ☐ Y ☐ N Why? _____
- Are you in the habit of going to tanning beds/booths? ☐ Y ☐ N *If within the past 14 days, decline treatment.
(This practice should be discontinued due to increased risk of skin cancer and signs of aging.)*
- Do you participate in vigorous aerobic activity or sports? ☐ Y ☐ N What type? _____
- On average, how many hours per week do you spend outdoors? _____

Medical/Treatment History

- Do you currently use depilatories or wax? ☐ Y ☐ N *If "Yes", discontinue use five days pre- and post-treatment.*
- Have you had a chemical peel or any type of procedure with a medical device? ☐ Y ☐ N
What type? _____ Within the last 14 days? ☐ Y ☐ N
- Do you have regular collagen, Botox® or other dermal filler injections? ☐ Y ☐ N
(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? ☐ Y ☐ N

Describe: _____ When? _____

- Are you currently taking any medications, topical or otherwise? (Includes but not limited to Tretinoin, Retin-A®, Renova®, Differin®, Clindamycin®, Obagi®, Tazorac®, Avage®, EpiDuo®, Ziana®) ☐ Y ☐ N

Which product(s)? _____

Product strength? _____

Length of Use: _____

(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.)

- Have you ever undergone Accutane® therapy (isotretinoin) ? ☐ Y ☐ N Date last used? _____

(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, Oxygenating Trio®, Hydrate: Therapeutic Oat Milk Mask or Revitalize: Therapeutic Papaya Mask.)

- Do you develop cold sores/fever blisters? ☐ Y ☐ N Last breakout? _____

- Are you allergic/sensitive to: (check all that apply)

<input type="checkbox"/> Milk	<input type="checkbox"/> Grapes	<input type="checkbox"/> Perfumes	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Apples	<input type="checkbox"/> Aloe Vera	<input type="checkbox"/> Latex	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Citrus	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Hydroquinone	<input type="checkbox"/> Other: _____

- Have you ever used any other product(s) that caused a bad reaction? ☐ Y ☐ N

Describe: _____

Client Initial _____	Date _____
Clinician Initial _____	Date _____

DAWNING
tranquility

- By initialing below, I agree to the terms stated on this Consent Form for each continued treatment received after the initial treatment.*

[illegible]

Client Signature: _____

Date: _____

Client Name: _____

Client Initials: _____

Clinician Signature: _____

Date: _____



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Treatment Log

Client Name: _____

Date: _____ Treatment # _____ Next Scheduled Treatment: _____

Area treated: face neck chest hands arms feet other: _____ Scale of one to ten: 1 2 3 4 5 6 7 8 9 10

Comments: _____

Protocol:

CLEANSE	PREP/DEGREASE	CORRECT
<input type="checkbox"/> Facial Wash Oily/Problem <input type="checkbox"/> Other: _____	<input type="checkbox"/> Smoothing Toner <input type="checkbox"/> Nutrient Toner	
TREAT		
Enhanced Jessner's peels		
<input type="checkbox"/> PCA Peel® Hydroquinone Free _____ layers	<input type="checkbox"/> Hydrate: Therapeutic Oat Milk Mask <u>1</u> layers	<input type="checkbox"/> ExLinea® Peptide Smoothing Serum
<input type="checkbox"/> PCA Peel® with Hydroquinone _____ layers	<input type="checkbox"/> Revitalize: Therapeutic Papaya Mask <u>1</u> layers	<input type="checkbox"/> Pigment Gel® <input type="checkbox"/> Pigment Gel® HQ Free
<input type="checkbox"/> PCA Peel® with Hydroquinone & Resorcinol _____ layers	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> Acne Gel <input type="checkbox"/> Acne Cream
	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> C-Quench® Antioxidant Serum
TCA peels		<input type="checkbox"/> A&C Synergy Serum®
<input type="checkbox"/> Sensi Peel® _____ layers	Peel alternatives	<input type="checkbox"/> Total Strength Serum
<input type="checkbox"/> Ultra Peel® I _____ layers	<input type="checkbox"/> Detox Gel Deep Pore Treatment <u>1</u> layers	<input type="checkbox"/> Hydrating Serum
<input type="checkbox"/> Ultra Peel Forte® _____ layers	<input type="checkbox"/> Oxygenating Trio® <u>1</u> layers	<input type="checkbox"/> Rejuvenating Serum
<input type="checkbox"/> Smoothing Body Peel® _____ layers		<input type="checkbox"/> Anti-Redness Serum
Retinoid treatments		<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Advance Treatment Booster <u>1</u> layers	Treatment enhancements	<input type="checkbox"/> Intensive Clarity Treatment®: 0.5% pure retinol night
	<input type="checkbox"/> Replenishing Gel _____ layers	<input type="checkbox"/> Intensive Age Refining Treatment®: 0.5% pure retinol night
	<input type="checkbox"/> Calming Balm _____ layers	<input type="checkbox"/> Intensive Brightening Treatment®: 0.5% pure retinol night
HYDRATE & PROTECT		<input type="checkbox"/> C&E Strength <input type="checkbox"/> C&E Strength Max
<input type="checkbox"/> Clearskin <input type="checkbox"/> ReBalance <input type="checkbox"/> Weightless Protection Broad Spectrum SPF 45 <input type="checkbox"/> Perfecting Protection Broad Spectrum SPF 30	<input type="checkbox"/> Protecting Hydrator Broad Spectrum SPF 30 <input type="checkbox"/> Hydrator Plus Broad Spectrum SPF 30 <input type="checkbox"/> Sheer Tint Broad Spectrum SPF 45 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ideal Complex Revitalizing Eye Creme
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Gel
		<input type="checkbox"/> EyeXcellence
		<input type="checkbox"/> Perfecting Neck & Décolleté
		<input type="checkbox"/> CliniCalm™ 1%
		<input type="checkbox"/> Peptide Lip Therapy
		<input type="checkbox"/> Other: _____

Date: _____ Treatment # _____ Next Scheduled Treatment: _____

Area treated: face neck chest hands arms feet other: _____ Scale of one to ten: 1 2 3 4 5 6 7 8 9 10

Comments: _____

Protocol:

CLEANSE	PREP/DEGREASE	CORRECT
<input type="checkbox"/> Facial Wash Oily/Problem <input type="checkbox"/> Other: _____	<input type="checkbox"/> Smoothing Toner <input type="checkbox"/> Nutrient Toner	
TREAT		
Enhanced Jessner's peels		
<input type="checkbox"/> PCA Peel® Hydroquinone Free _____ layers	<input type="checkbox"/> Hydrate: Therapeutic Oat Milk Mask <u>1</u> layers	<input type="checkbox"/> ExLinea® Peptide Smoothing Serum
<input type="checkbox"/> PCA Peel® with Hydroquinone _____ layers	<input type="checkbox"/> Revitalize: Therapeutic Papaya Mask <u>1</u> layers	<input type="checkbox"/> Pigment Gel® <input type="checkbox"/> Pigment Gel® HQ Free
<input type="checkbox"/> PCA Peel® with Hydroquinone & Resorcinol _____ layers	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> Acne Gel <input type="checkbox"/> Acne Cream
	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> C-Quench® Antioxidant Serum
TCA peels		<input type="checkbox"/> A&C Synergy Serum®
<input type="checkbox"/> Sensi Peel® _____ layers	Peel alternatives	<input type="checkbox"/> Total Strength Serum
<input type="checkbox"/> Ultra Peel® I _____ layers	<input type="checkbox"/> Detox Gel Deep Pore Treatment <u>1</u> layers	<input type="checkbox"/> Hydrating Serum
<input type="checkbox"/> Ultra Peel Forte® _____ layers	<input type="checkbox"/> Oxygenating Trio® <u>1</u> layers	<input type="checkbox"/> Rejuvenating Serum
<input type="checkbox"/> Smoothing Body Peel® _____ layers		<input type="checkbox"/> Anti-Redness Serum
Retinoid treatments		<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Advance Treatment Booster <u>1</u> layers	Treatment enhancements	<input type="checkbox"/> Intensive Clarity Treatment®: 0.5% pure retinol night
	<input type="checkbox"/> Replenishing Gel _____ layers	<input type="checkbox"/> Intensive Age Refining Treatment®: 0.5% pure retinol night
	<input type="checkbox"/> Calming Balm _____ layers	<input type="checkbox"/> Intensive Brightening Treatment®: 0.5% pure retinol night
HYDRATE & PROTECT		<input type="checkbox"/> C&E Strength <input type="checkbox"/> C&E Strength Max
<input type="checkbox"/> Clearskin <input type="checkbox"/> ReBalance <input type="checkbox"/> Weightless Protection Broad Spectrum SPF 45 <input type="checkbox"/> Perfecting Protection Broad Spectrum SPF 30	<input type="checkbox"/> Protecting Hydrator Broad Spectrum SPF 30 <input type="checkbox"/> Hydrator Plus Broad Spectrum SPF 30 <input type="checkbox"/> Sheer Tint Broad Spectrum SPF 45 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ideal Complex Revitalizing Eye Creme
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Gel
		<input type="checkbox"/> EyeXcellence
		<input type="checkbox"/> Perfecting Neck & Décolleté
		<input type="checkbox"/> CliniCalm™ 1%
		<input type="checkbox"/> Peptide Lip Therapy
		<input type="checkbox"/> Other: _____



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Treatment Log

Client Name: _____

Date: _____
Next Scheduled Treatment: _____



Treatment # _____

Area treated: face neck chest
Scale of one to
10

hands arms feet other:
ten: 1 2 3 4 5 6 7 8 9

Comments: _____

Protocol:

CLEANSE	PREP/DEGREASE	CORRECT
<input type="checkbox"/> Facial Wash Oily/Problem <input type="checkbox"/> Other: _____	<input type="checkbox"/> Smoothing Toner <input type="checkbox"/> Nutrient Toner	
TREAT		
Enhanced Jessner's peels		
<input type="checkbox"/> PCA Peel® Hydroquinone Free _____ layers	<input type="checkbox"/> Hydrate: Therapeutic Oat Milk Mask <u>1</u> layers	<input type="checkbox"/> ExLinea® Peptide Smoothing Serum
<input type="checkbox"/> PCA Peel® with Hydroquinone _____ layers	<input type="checkbox"/> Revitalize: Therapeutic Papaya Mask <u>1</u> layers	<input type="checkbox"/> Pigment Gel® <input type="checkbox"/> Pigment Gel® HQ Free
<input type="checkbox"/> PCA Peel® with Hydroquinone & Resorcinol _____ layers	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> Acne Gel <input type="checkbox"/> Acne Cream
	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> C-Quench® Antioxidant Serum
TCA peels		
<input type="checkbox"/> Sensi Peel® _____ layers	Peel alternatives	<input type="checkbox"/> A&C Synergy Serum®
<input type="checkbox"/> Ultra Peel® I _____ layers	<input type="checkbox"/> Detox Gel Deep Pore Treatment <u>1</u> layers	<input type="checkbox"/> Total Strength Serum
<input type="checkbox"/> Ultra Peel Forte® _____ layers	<input type="checkbox"/> Oxygenating Trio® <u>1</u> layers	<input type="checkbox"/> Hydrating Serum
<input type="checkbox"/> Smoothing Body Peel® _____ layers		<input type="checkbox"/> Rejuvenating Serum
HYDRATE & PROTECT		
<input type="checkbox"/> Clearskin	<input type="checkbox"/> Protecting Hydrator Broad Spectrum SPF 30	<input type="checkbox"/> Anti-Redness Serum
<input type="checkbox"/> ReBalance	<input type="checkbox"/> Hydrator Plus Broad Spectrum SPF 30	<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Weightless Protection Broad Spectrum SPF 45	<input type="checkbox"/> Sheer Tint Broad Spectrum SPF 45	<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Perfecting Protection Broad Spectrum SPF 30	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Intensive Clarity Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> Intensive Age Refining Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> Intensive Brightening Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> C&E Strength <input type="checkbox"/> C&E Strength Max
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Creme
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Gel
		<input type="checkbox"/> EyeXcellence
		<input type="checkbox"/> Perfecting Neck & Décolleté
		<input type="checkbox"/> CliniCalm™ 1%
		<input type="checkbox"/> Peptide Lip Therapy
		<input type="checkbox"/> Other: _____

Date: _____ Treatment # _____

Next Scheduled Treatment: _____

Area treated: face neck chest hands arms feet other: _____ Scale of one to ten: 1 2 3 4 5 6 7 8 9 10

Comments: _____

Protocol:

CLEANSE	PREP/DEGREASE	CORRECT
<input type="checkbox"/> Facial Wash Oily/Problem <input type="checkbox"/> Other: _____	<input type="checkbox"/> Smoothing Toner <input type="checkbox"/> Nutrient Toner	
TREAT		
Enhanced Jessner's peels		
<input type="checkbox"/> PCA Peel® Hydroquinone Free _____ layers	<input type="checkbox"/> Hydrate: Therapeutic Oat Milk Mask <u>1</u> layers	<input type="checkbox"/> ExLinea® Peptide Smoothing Serum
<input type="checkbox"/> PCA Peel® with Hydroquinone _____ layers	<input type="checkbox"/> Revitalize: Therapeutic Papaya Mask <u>1</u> layers	<input type="checkbox"/> Pigment Gel® <input type="checkbox"/> Pigment Gel® HQ Free
<input type="checkbox"/> PCA Peel® with Hydroquinone & Resorcinol _____ layers	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> Acne Gel <input type="checkbox"/> Acne Cream
	<input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask <u>1</u> layers	<input type="checkbox"/> C-Quench® Antioxidant Serum
TCA peels		
<input type="checkbox"/> Sensi Peel® _____ layers	Peel alternatives	<input type="checkbox"/> A&C Synergy Serum®
<input type="checkbox"/> Ultra Peel® I _____ layers	<input type="checkbox"/> Detox Gel Deep Pore Treatment <u>1</u> layers	<input type="checkbox"/> Total Strength Serum
<input type="checkbox"/> Ultra Peel Forte® _____ layers	<input type="checkbox"/> Oxygenating Trio® <u>1</u> layers	<input type="checkbox"/> Hydrating Serum
<input type="checkbox"/> Smoothing Body Peel® _____ layers		<input type="checkbox"/> Rejuvenating Serum
HYDRATE & PROTECT		
<input type="checkbox"/> Clearskin	<input type="checkbox"/> Protecting Hydrator Broad Spectrum SPF 30	<input type="checkbox"/> Anti-Redness Serum
<input type="checkbox"/> ReBalance	<input type="checkbox"/> Hydrator Plus Broad Spectrum SPF 30	<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Weightless Protection Broad Spectrum SPF 45	<input type="checkbox"/> Sheer Tint Broad Spectrum SPF 45	<input type="checkbox"/> Retinol Renewal with RestorActive Complex
<input type="checkbox"/> Perfecting Protection Broad Spectrum SPF 30	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Intensive Clarity Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> Intensive Age Refining Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> Intensive Brightening Treatment®: 0.5% pure retinol night
		<input type="checkbox"/> C&E Strength <input type="checkbox"/> C&E Strength Max
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Creme
		<input type="checkbox"/> Ideal Complex Revitalizing Eye Gel
		<input type="checkbox"/> EyeXcellence
		<input type="checkbox"/> Perfecting Neck & Décolleté
		<input type="checkbox"/> CliniCalm™ 1%
		<input type="checkbox"/> Peptide Lip Therapy
		<input type="checkbox"/> Other: _____

Preparation for a peel treatment

You will be having a light peel treatment on the day of your appointment. Please follow the outline below to prepare.

- Use of PCA SKIN® daily care products prior to your peel will prepare the skin, allow for better treatment results and reduce the risk of complications. This is recommended but not mandatory. Please consult your physician or skincare clinician for appropriate recommendations for your skin type and condition.

It is recommended that you take the following into consideration:

- For best results and to reduce the risk of complications, it is recommended that you use PCA SKIN daily care products 10 to 14 days prior to treatment.
- If you are lactating, pregnant or may be pregnant only an **Oxygenating Trio®**, **Detox Gel Deep Pore Treatment** or **Hydrate: Therapeutic Oat Milk Mask** is appropriate. Consult your OB/GYN before receiving any treatment.
- Do not go to a tanning bed two weeks prior to treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- It is recommended that extended sun exposure be avoided, especially in the ten (10) days prior to treatment.
- It is recommended to delay used of tretinoin, Retin-A®, Renova®, Differin®, Tazorac®, Avage®, EpiDuo®, Ziana® and high-percentage AHA and BHA products for approximately five (5) days prior to treatment. Consult your physician before temporarily discontinuing use of any prescription medications.

PCA SKIN superficial peels result in little to no downtime but create dramatic and visible results. Treatments may cause slight redness, tightness, peeling, flaking or temporary dryness. Most patients find it unnecessary to apply makeup, as the skin will be smooth, dewy and radiant following your treatment. If you would like to apply makeup, allow approximately 15 minutes for the pH of the skin to stabilize before applying foundation.

Post-procedure skin treatment tips

For two (2) days post-procedure:

- Stay cool! Heating internally can cause hyperpigmentation.
- Do not put the treated area directly into a hot shower spray.
- Do not use hot tubs, steam rooms or saunas.
- Do not go swimming.
- Do not participate in activities that would cause excessive perspiration.
- Do not use loofahs or other means of mechanical exfoliation.
- Do not direct a hair dryer onto the treated area.
- Do not apply ice or ice water to the treated area.

General guideline:

- After receiving a PCA SKIN[®] professional treatment, you should not necessarily expect to “peel”. However, light flaking in a few localized areas for several days is typical. Most patients who undergo these treatments have residual redness for approximately one (1) to twelve (12) hours post-procedure.
- As with all peels and treatments, it is recommended that makeup not be applied the day of treatment, as it is ideal to allow the skin to stabilize and rest overnight; however, makeup may be applied 15 minutes after the treatment if desired.
- To minimize side effects and maximize results use the **Post-Procedure Solution** for three (3) to five (5) days or until flaking has resolved.
- If the skin feels tight, apply **ReBalance** for normal to oily skin types or **Silkcoat[®] Balm** for drier skin types to moisturize as needed. For maximum hydration, you can apply **Hydrating Serum** under **ReBalance** or **Silkcoat[®] Balm**.
- Moisturizer should be applied at least twice a day, but can be applied more frequently for hydration and to decrease the appearance of flaking.
- It is recommended that other topical, over-the-counter medications or alpha hydroxy acid products not be applied to the skin seven (7) days post-procedure, as they may cause irritation.
- It is recommended to delay use of tretinoin, Retin-A[®], Differin[®], Renova[®], Tazorac[®], Avage[®], EpiDuo[®] or Ziana[®] five (5) days post-procedure. Consult your physician before temporarily discontinuing use of any prescription medications.
- Avoid direct sun exposure and excessive heat. Use **Weightless Protection Broad Spectrum SPF 45, Perfecting Protection Broad Spectrum SPF 30, Protecting Hydrator Broad Spectrum SPF 30** or **Hydrator Plus Broad Spectrum SPF 30** or **Sheer Tint Broad Spectrum SPF 45** for broad spectrum UV protection.
- Do not go to a tanning bed for at least two weeks post-procedure. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- Do not pick or pull on any loosening or peeling skin. This could potentially cause hyperpigmentation.
- Do not have electrolysis, facial waxing or use depilatories for approximately five (5) days.

Do not have another treatment until your clinician advises you to do so.