

# Integrated Aesthetics Med Spa

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ d.o.b: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Your Health

Are you under the care of a dermatologist? N / Y Name: \_\_\_\_\_  
Have you been diagnosed with, please circle: epilepsy / diabetes / thyroid disorder / cancer / high blood pressure / arthritis / seizure disorder / hepatitis / hormone imbalance / blood clotting abnormalities / active infections  
Have you undergone surgery in the past year? N / Y Please circle your stress level: low 1 – 2 – 3 – 4 high  
Do you smoke or live with a smoker? N / Y Do you exercise regularly? N / Y  
Follow a restricted diet? N / Y Do you wear contact lenses? N / Y  
Disclose medications/oral antibiotics/supplements/diuretics that you take regularly that may cause sun sensitivity \_\_\_\_\_

## Your Skin

Do you have any special skin problems pertaining to your face or body? N / Y \_\_\_\_\_  
What skin care products are you using currently? Please circle: soap / cleanser / toner / day moisturizer / spf / masque / eye crème / bleaching agents / night moisturizer / depilatory products / self tanners

## Exfoliation History

Have you had chemical peels, microdermabrasion or any resurfacing treatments in the last month? N / Y  
Do you use? Please circle: vitamin A / Alpha or Beta Hydroxy Acid / scrub  
Are you prone to cold sores? N / Y

## Hydration

How much water do you consume daily? \_\_\_\_\_ Do you sunbathe or use tanning beds? N / Y  
Do you ever experience these conditions please circle: flakiness / tightness / obvious dryness

## Capillary Activity

Do you burn easily in moderate sunlight? N / Y Do you blush easily when nervous? N / Y  
Do you have a tendency to redness? N / Y Do you suffer sinus problems? N / Y

## Oil Secretion

Do you ever experience oily shine during the day? N / Y Do you ever experience skin breakouts? N / Y

## Nerve Activity

Do you drink more than 4 caffeinated beverages during the day? N / Y  
Do you ever experience a burning, itching sensation on your skin? N / Y  
What is your pain threshold? Please circle: low / medium / high Have you ever experienced claustrophobia? N / Y  
Have you ever had a reaction to any of the following? Please circle: medicine / iodine / pollen / hydroxyl acids / sunscreens sulfur / nuts / aspirin / latex / lidocaine / hydroquinone / milk / apples / citrus / grapes / aloe vera / mushrooms / alcohols

## Female Clients Only

Are you taking oral contraception? N / Y  
Are you pregnant or trying to become pregnant? N / Y Lactating? N / Y Having or due for your menstrual cycle? N / Y

## Male Clients Only

What is your current shaving system? Please circle: electric / blade  
Do you experience irritation from shaving? N / Y Do you experience ingrown hairs? N / Y

## Skin Care Goals

Please rank 1 (most important) to 10 (least important): \_\_\_relaxation \_\_\_brightness \_\_\_hyperpigmentation \_\_\_oil  
\_\_\_acne \_\_\_redness \_\_\_laxity \_\_\_fine lines \_\_\_dryness \_\_\_roughness

The skin care treatment I will receive today is a clinical treatment designed to exfoliate the outer layers of the skin. My participation in my skin care treatments will determine the outcome. It is important that I adhere to my home care regimen that has been recommended to me. I certify that the preceding medical, personal & skin history statements are true & correct. I acknowledge that the therapist will not be responsible for any injury arising because of an unreported condition or concern. If at any time there are changes in the information given, or in my condition, I will notify the therapist before receiving additional treatments. I understand that with any treatment certain risks are involved & that complications or side effects from known or unknown causes could occur. I freely assume these risks. I understand the therapist is neither trained nor licensed to provide medical treatment, diagnose, and prescribe drugs or medication. I hereby give my consent voluntarily & release Integrated Aesthetics/Dr. Arons from any claims, representations or guarantees about specific results. I will call to inform my practitioner of any complications or concerns I may have as soon as they occur. By my signature, I acknowledge having read & understood the precautions. I consent to receive indicated treatments.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Exfoliation is the key to beautiful, younger looking skin. A chemical solution is applied to the skin to exfoliate the epidermis. Peels stimulate the skin to generate new skin cells, increase collagen formation & stimulate blood flow to improve the complexion. The new skins texture is smoother; less wrinkled, and may be more even in color addressing sun spots, freckles & blotchiness. Chemical peels can reduce fine lines, especially under the eyes & around the mouth. Chemical peels can treat mild scarring; certain types of acne & can improve the appearance of pore size. Client will not be treated if currently using tanning beds or display signs of sun or windburn.

#### **Chemical Peel 20-30 minutes**

**Our medium depth chemical peels stimulate the skin to generate new skin cells, increase collagen formation & stimulate blood flow thus improving the complexion. The correct peel will be recommended to you based on your concerns & skin type. Phase I & II chemical peels may be repeated every 2 weeks, Phase III & IV every 4 weeks.**

- Phase I 85.**
- Phase II 170.**
- Phase III 255.**
- Phase IV 350.**

**Skin Repair Program 305.** Four 20 minutes scheduled every 2 weeks.

**For optimal results, the Skin Repair Program is an aggressive skin corrective therapy without the down time & irritation associated with invasive treatments. The Skin Repair Program jump starts skin rejuvenation & dramatically improves the appearance of:**

- **Sensitive Skin**
- **Acneic Skin**
- **Hyperpigmentation**
- **Fine Lines & Wrinkles**
- **Lax Skin**

#### **Clinical Facial 125.** 45 minutes

**The ultimate in relaxation & results for photodamaged skin, Clinic Facials may be scheduled every 4 weeks.**

#### **Prior to treatment, you must:**

- Cease using topical steroids or laser treatments *6 weeks* prior to treatment.
- Preconditioning the skin *4 weeks* prior to treatment is a must to lessen the side effects especially in darker skin tones.
- No injectables within *14 days* of treatment.
- Discontinue waxing, depilatories, electrolysis, laser hair removal; coloring hair, use snore strips at least *five days* pre/post treatment.
- Those that are prone to cold sores can be referred to a physician for a prescription to be taken *48 hours* prior & to continue 5 days post peel.
- Cease using vitamin A, AHA/BHA's & other exfoliating agents at least *24 hours* pre-/post-treatment.
- Refrain from exercising, washing face, swimming, applying make-up, using steam shower or sauna *6 hours* pre treatment.
- Contact lenses cannot be worn during the procedure.

**During a chemical peel, most clients experience a warm to hot sensation that may last about 5 to 10 minutes & may be followed by some stinging.**

#### **Post Treatment:**

- There may be a mild redness to severe sunburn-like sensation & tightness which may be followed by scaling lasting three to five days. A complimentary enzyme peel may be scheduled 3 days post peel to alleviate any discomfort.
- Hyperpigmentation may be prominent. A light flaking may begin within 48 hours. The lower part of the face may flake first followed by the cheeks, forehead & eye area. It is impossible to predetermine how much peeling will occur. Do not pick at the exfoliated skin, scarring can result.
- Drink a lot of water in the days following treatment.
- For 3 days post peel you should use our Pre/Post Kit to cleanse, soften & calm the skin. On day 4 your may go back to your regular routine.
- You must avoid excessive sun exposure & wear a broad spectrum SPF 30 daily.
- Refrain from waxing, electrolysis or other hair removal methods for 30 days.
- Refrain from injectables 14 days post treatment.

**Chemical peels are not/will not:** Be recommended during pregnancy or while lactating, be performed on patients who have an autoimmune disorder or those who have taken Accutane within the last twelve months, tighten loose or sagging skin, remove deep scars.