

Initial Consultation Notes

Name of Patient Date

Address

Date of Birth

Telephone Number Mobile Telephone Number Email

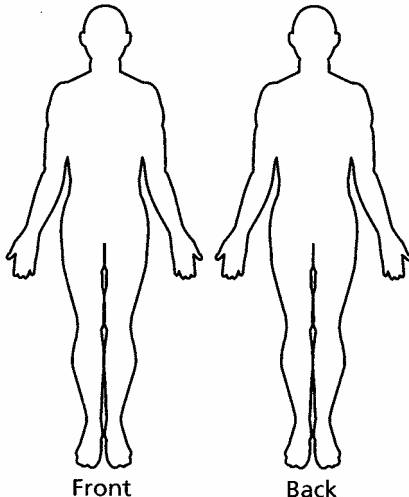
How did you hear about Dermis Deep?

GP Name & Address

Current Condition requiring treatment:

Face:

Other Areas:



Consultation Notes

Past Cosmetic Tx

Patient Expectations

Skin Type (e.g. oily, dry, sensitive, acne, sun-damaged)..... Fitzpatrick =

Current Skin Regime

Name of Patient

Date

Past Medical History

Please answer all the following questions:

1. Are you currently receiving treatment from a specialist? (Y/N) (If yes, please give details)

.....

2. Have you suffered from any of the following? (If yes, please provide full details below)

	Yes	No
Cardiac or Cardiovascular Disorders (e.g. Angina, MI, H/T, etc)		
Respiratory Disorders (e.g. Asthma, COPD)		
Gastrointestinal Disorders (e.g. Inflammatory Bowel Disease, etc)		
Liver Disease or Disorders		
Neurological Disorders (e.g. Epilepsy)		
Musculoskeletal Disorders (e.g. Rheumatoid or Osteoarthritis)		
Malignancies (e.g. skin cancer, etc)		
Any illness or medical condition not specified above		

.....

3. What operations or invasive procedures have you had in the past?

.....

4. Are you presently taking any medication or undergoing any treatment? (Y/N) (If yes, please give details)

.....

5. Do you have any drug allergies? (Y/N) (If yes, please give details)

.....

6. Will there be anybody at home with you later on who could call for help should you feel unwell? (Y/N)

CHEMICAL PEEL TREATMENT NOTES



Name of Patient

Date

Practitioner =

DO NOT GIVE TREATMENT IF PATIENT ANSWERS YES TO ANY OF THE FOLLOWING:

CHEMICAL PEELS	Yes	No
1. Pregnancy or Breastfeeding		
2. Roaccutane usage within past 6 months		
3. Active herpes simplex (cold sores)		
4. Recent surgery or healing wounds		
5. Recent radiation treatment		
6. Sunburn		
7. Electrolysis, waxing or depilatory treatments in the last month		
8. Dermabrasion in the last 2 weeks		
9. Chemical Peel within the last 6 days		
10. Unrealistic expectations, excessively anxious, lack of co-operation		

Details of previous chemical peel administration:

.....
.....
.....

Consent Form Signed (Y/N)

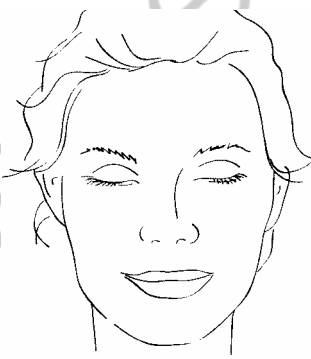
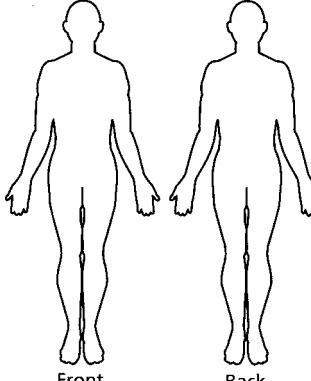
Preop Frontal/Side/Oblique Photos Taken (Y/N)

Name of Patient _____

Date _____

Details of Chemical Peel Administered

Type of Peel (please circle) = EASY TCA / EASY PHYTIC

	Date of Treatment / /	Peel 1 / /	Peel 2 / /	Peel 3 / /	Peel 4 / /
Area – Please specify	Type + Time	Type + Time	Type + Time	Type + Time	Type + Time
					
 <p>Front Back</p>					

Post Peel Creams Given : (Make sure they apply sunblock before leaving the clinic)

Skin Condition	Frequency	Skin Tech Cream	Sunblock	Tick
Aging Skin <45 yrs old	Morning	Vit. E Anti-oxidant	SPF 50	
	At Night	Re-Nutriv ACE Lipoic Complex		
Aging Skin >45 yrs old	Morning	DHEA	SPF 50	
	At Night	Re-Nutriv ACE Lipoic Complex		
Aging Fitzpatrick 4-6 skin (all ages)	Morning & Night	Blending Bleaching Cream	SPF 50	
Sagging Flaccid Skin	Morning & Night	Actilift with DMAE	SPF 50	
Dry Skin	Morning, Evening & Night	Vit. E Anti-oxidant	SPF 50	
Acne	Morning (whole area) Night (only on acne)	Purifying Cream	SPF 50	
Hyperpigmentation	Morning (whole area) & Night (only on hyper-pigmented part)	Blending Bleaching Cream	SPF 50 (Reapply 3 hourly & avoid sun exposure)	

Name of Patient

Date

Post treatment Checklist handed over (Y/N)

Date given for next peel:

TCA Peels

(Given as a course of 4)

Date of next Peel after Peel 1: (usu 1wk for face or 2wks for other parts of body)

Date of next Peel after Peel 2:(usu 1wk for face or 2wks for other parts of body)

Date of next Peel after Peel 3:(usu 1wk for face or 2wks for other parts of body)

Date of follow up after Peel 4:

Phytic Peels

(Phytic peels can be given once or twice a week for about 6-8wks until the desired effect is obtained, then as maintenance once every fortnight weaning to once a month in the long term.)

Date of follow up or next peel

Date of follow up or next peel

Date of follow up or next peel

Date of follow up or next peel

Date of follow up or next peel

Date of follow up or next peel

Date of follow up

Nb if patient needs additional post peel creams or SPF 50 as they have run out they will need to be charged for this.

Invoice filled in (Y/N)

FOLLOW UP AFTER A COURSE OF PEELS



Name of Patient

Date

Seen by (Name of Practitioner)

Patient Feedback

.....
.....
.....

Details of any further treatment required

.....
.....
.....

Postop Frontal/Side/Oblique Photos Taken (Y/N)

Next recommended appointment

(no more than 3 courses of TCA peels in a year, Phytic peels can be given once or twice a week until the desired effect is obtained and can be used as maintenance once or twice a month)

Name of Patient

Date

Consent Form for Chemical Peel Treatment

Proposed treatment

.....

I confirm that I have received information regarding the product’s contra-indications and potential side effects:

Contraindications: You cannot receive Chemical Peel Treatment if you are in the following categories :

1. Pregnant or Breast Feeding
2. Roaccutane usage within the past 6 months
3. Active herpes simplex (cold sores)
4. Recent surgery or healing wounds
5. Recent radiation treatment
6. Sunburn
7. Electrolysis, waxing or depilatory treatments in the last month
8. Dermabrasion in the last 2 weeks
9. Chemical Peel within the last 6 days
10. Unrealistic expectations

Potential Side Effects

1. Temporary skin redness, itchiness, "tightness", dryness & in some cases swelling
2. Skin peeling and flaking (more so with the Easy TCA Peel than the Easy Phytic)
3. Rarely blistering or oozing
4. Sometimes pigment changes (hyper/hypo) or skin discoloration
5. Cold sore eruption
6. Allergic reactions
7. Limitations of treatment & results not permanent

All foreseeable risks of Chemical Peel therapy listed above have been thoroughly explained to me. My questions regarding the treatment procedure, its potential side effects and contraindications were answered to my full satisfaction. I understand that I am free to revoke my consent at any time.

I understand that after the Chemical Peel I **must** use the post peel creams given to me & not my own beauty products and apply sunblock (SPF50) in order to achieve the best possible result and to reduce the risk of complications.

I consent to the Chemical Peel treatment and have been given after care instructions. I also consent to the taking of photographs. This consent form is also signed for future treatments with Chemical Peel.

Patient Signature

Date

Practitioner Signature

Date

Name of Patient

Date

Aftercare Advice following Easy Phytic Peel treatment

WHAT SHOULD I BEAR IN MIND AFTER MY TREATMENT?

- **This is a slow-release, superficial peel designed for those of you who don't want or can't afford to have visible flaking. You may feel a tingling sensation up to an hour after the peel. Over the next few days after the peel, your skin will flake ever so slightly, if at all.**
- **DAY 1. On the evening after the treatment, you must not wash your skin. Keep the product on until after the following morning.**
- **DAY 2. The next morning, you can clean your skin as usual. In the morning and evening apply the Skin Tech care creams as well as sun block (SPF 50). Light make up and jewellery may be worn.**

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS

Practitioner Contact Number =

Date of next appointment =

Name of Patient _____

Date _____

Aftercare Advice Sheet following Easy TCA Peel treatment**WHAT SHOULD I BEAR IN MIND AFTER MY TREATMENT?**

- **Easy TCA is a highly effective medium peel that is well tolerated by the skin. Immediately after treatment, there may be slight redness, an increased feeling of heat to the skin being treated and occasionally some patients experience an itchy feeling. If acne is being treated there may be a flare up up to 2 days post peels 1 & 2.**
- **DAY 1.** Immediately post peel you will leave the clinic with the post peel mask applied. This is translucent and non-oily. The skin will look red for a couple of hours and will generally feel uncomfortable. *You should not touch the skin, apply any creams or use water on the treated skin and avoid extremes of heat and sun exposure.*
- **DAY 2.** Your skin will begin to feel tight and the Skin Tech care creams recommended should be applied morning and night. Sun block (SPF 50) should be applied and reapplied every 3 hours. Light make-up may be applied. The treated skin may be washed as per usual.
- **DAY 3.** Some pigmentation change may be noticed at this stage as your skin begins to dry and may start to flake. Continue using the care creams & sun block. Jewellery (necklace, earrings) may be put back on.
- **DAYS 4-7.** Your skin will continue to peel as the healing process takes place. Do not try and peel off the skin or use abrasives, scrub creams or any other skin products other than the care creams given. Do not forget to apply the sun block no matter what the weather is like.
- **DAY 8.** You should have an appointment to return to our clinic one week later (for facial treatments) or two weeks later (for the rest of the body treatments) for the next peel. Please continue using the care creams and sunblock right up to your appointment date.
- **The complete course is 10 weeks, 4 weeks of peels and 6 weeks of skin regeneration. You should have no more than 3 TCA Peel courses a year. Avoid direct sunlight during the entire treatment period to avoid pigment changes.**

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS**Practitioner Contact Number =** _____**Date of next appointment =** _____