

**Fairlawn Dermatology, LLC**  
**55 Merz Boulevard**  
**Fairlawn, Ohio 44333**  
**(330) 864-9000**

Microdermabrasion and Chemical Peels are not a “cure-all” treatment, but for appropriate conditions, it can give you marked improvement. It is important that you have a thorough understanding of what the treatment can and cannot do for your particular needs and/or conditions.

Although complications are rare, some of the following may occur:

- Skin infections – usually appearing as a red tender area
- Cold Sores on the lip or face area
- Allergic Reaction – excessive swelling or rash
- Appearance of thick scars or keloids in the treatment area

I, \_\_\_\_\_ give my consent for Fairlawn Dermatology, LLC to perform a Microdermabrasion/Chemical Peel. I will read the following form and ask any questions needed so that I will have a complete understanding of the procedure performed.

I understand that I am going to have an enzyme peel, an alpha hydroxyl, a salicylic acid peel or a microdermabrasion treatment.

I understand that this is a superficial treatment/peel that normally creates at most, up to 4-7 days of mild redness and/or areas of flaking skin.

If I have a condition of Herpes simplex (cold sores/fever blisters) or scarring and/or keloids of the skin, I will let my aesthetician know before treatments have started.

I have realistic expectations of the benefits, from the treatments performed, for my particular needs.

I understand that for best results, several treatments may be needed.

I understand that all skin types are different and therefore specific results cannot be guaranteed.

I understand that for best results, I should follow the instructions of the aesthetician performing my treatments.

The office policies for Fairlawn Dermatology, LLC apply, including the No Show Fee.

**Services purchased ahead of time are good for one year from the date of purchase. After one year, the balance is forfeited. No refunds will be given; however, you can use the remainder towards products or other services with our esthetician.**

*I have been honest and straightforward with all information given to the aesthetician performing my treatments.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature, if patient is under 18 years of age

\_\_\_\_\_  
Date

## Client History Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

What are your expectations of your treatments?

\_\_\_\_\_

What skin care products are you currently using?

\_\_\_\_\_

Are you currently using any topical or oral medications/vitamins? If yes, please list:

Topical: \_\_\_\_\_

Oral: \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

How much alcohol do you consume in a week? \_\_\_\_\_

Do you have any allergies? (Please list all)

\_\_\_\_\_

Do you sunbathe? (natural or artificial): \_\_\_\_\_ How Often? \_\_\_\_\_

Are you using Retin-A? \_\_\_\_\_ How often? \_\_\_\_\_

Have you used Accutane in the last 12 months? \_\_\_\_\_

Do you suffer from oral Herpes Simplex, fever blisters or cold sores? \_\_\_\_\_

Have you had any plastic surgery or laser in the past 3 months? \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Are you breastfeeding? \_\_\_\_\_

Please list any other information you feel the aesthetician should know before performing your treatments.

\_\_\_\_\_

\_\_\_\_\_

*All information given is true to the best of my knowledge.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature if patient is under 18 years of age

\_\_\_\_\_  
Date