CLIENT REFERENCE

\_\_\_\_\_\_\_\_\_\_

DATE OF

TREATMENT

\_\_\_\_\_\_\_\_\_\_\_\_

The CIBTAC / SALLY DURANT

Level 4 Qualifications in Advanced Skin Studies and Aesthetics Practice

INFORMED CONSENT

CHEMICAL SKIN PEELING

Client Ref

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHEMICAL SKIN PEELING TREATMENT INFORMATION SHEET**

**Treatment Introduction**

A chemical peel is a safe and effective skin-resurfacing and regenerative procedure in which a chemical solution is applied to skin to peel away the top layers. The skin which grows back after a chemical peel is smoother and younger looking. Chemical peels are used to treat age lines and wrinkles, pigmentation irregularities, uneven skin texture, oily or acne skins and scar tissue. Peels are used typically on the face although treatment may be provided to other areas of the body such as the neck, chest, hands, feet, arms and back. A chemical peel can be done alone or in combination with other cosmetic procedures. Chemical peels vary in their depth of penetration for very superficial, to superficial and then to medium with deep peels being confined to a surgical procedure. The choice of which peel will be used on your skin will depend on your skin condition and your desired results.

**Which peels do we use at Sally Durant Training?**

The peeling products used in our training are taken from three of the most well respected and widely used peels in the aesthetics sector and have been chosen for their efficacy and safety. The peels we use are taken form the brands Neostrata, SkinCeuticals and Medik8. Their formulations include varying strengths of the peeling agents glycolic acid, salicylic acid, mandelic acid, pyruvic acid, lactic acid, phytic acid, resorcinol and TCA. Our delegates will select the peel product most suited to your skin.

**How a peel it works**

In superficial peels, the keratin protein in the dead skin cells is coagulated and the cells are thereby destroyed, become detached from the underlying tissue and then subsequently flake away. In deeper peels, the inflammatory and healing responses in the skin are triggered by the peeling agent causing the regeneration of new epidermal cells as well as the production of fresh collagen in the dermis. This brings about the reduction in the signs of ageing, removal of pigmentation staining, reduction in scar tissue and a general refinement of the skin. In an acneic or oily skin, the peel will reduce the congestion in the pores, reduce inflamed blemishes and improve scarring.

**What does the treatment involve? Does it hurt?**

A peel treatment is a relatively quick procedure taking between 20 – 30 minutes in total. The peel is painted onto your skin in a very fine layer and left on for between 30 seconds and 5 minutes with some of the very gentle peels being left on the skin for up to 10 minutes. After the given time, your peel will be neutralized and removed with cold water and a cold compress will be applied. Peels should not be painful, but you will experience some level of discomfort depending on your personal sensitivity threshold. You will experience sensations from a mild tingling sensation, to pins and needles, to heat. Your practitioner will monitor your level of discomfort carefully and if at any time you feel very uncomfortable the peel will be removed straight away.

**What are the side effects? How long will my skin take to recover from the peel?**

Peel treatments carried out professionally are very safe procedures which carry minimal risk of adverse skin reactions. Depending on the intensity and depth of your peel, you may experience light flaking of the skin for 2 -3 days with a superficial peel. This will increase to more extensive sheathing for 3 -5 days for deeper peels. It is only the medical strength peels which sheath the skin over 1 – 3 weeks. Your practitioner will discuss the specific downtime you can expect for the peel you receive before they proceed with any treatment to ensure that you are completely happy with the nature of the treatment

After a peel, your skin may look slightly pink for a few hours, but this will usually subside within 12 – 24 hours. Many people have no redness at all. Your skin will be more sensitive than normal for a few days especially to sunlight, so it is absolutely essential that you wear a sunscreen while your skin is recovering. A feeling of tightness is also very normal for 1 – 5 days post-peeling.

**What are the risks of chemical peeling?**

A regenerating peel treatment imparts a controlled level of wounding to your skin to prompt it to rebuild more youthful tissue. If you do not support the skin through the healing process by complying with the aftercare advice given to you by your practitioner, then you risk the skin condition deteriorating or struggling to repair. This can lead to not only an unsatisfactory result, but the skin may tear, become infected, scar or become hyperpigmented. Your compliance with the aftercare advice is imperative.

**CHEMICAL SKIN PEELING - AFTERCARE INSTRUCTIONS**

1. Do not pick at or exfoliate the flaking skin.
2. Use the prescribed products to support skin healing and regeneration. These should include:

* an antioxidant to reduce inflammation and oxidative stress
* a hydrating serum to restore water levels in the skin
* an emollient/healing cream to reinforce the natural barrier function of the epidermis
* a sunscreen of SPF 30 – 50 to protect from photosensitisation and free radical damage

1. Do not expose your skin to intense direct sunlight for at least 4 weeks.
2. Avoid exposing the area to any extremes of heat (tepid water only) for 2 -3 days.
3. Avoid harsh, perfumed, astringent, AHA or alcohol containing products in the area for 2 – 3 days.
4. Do not go swimming in a chlorinated pool for one week.
5. Do not have any other clinical treatment such as Laser or IPL, waxing, microdermabrasion, dermal rollering, facial steaming or electrolysis for 1 – 4 weeks without full consultation with a professional skin care practitioner.
6. Avoid make up on the area for a minimum of 6 hours unless of the mineral makeup type specifically formulated for post procedural application.
7. To give your skin the best chance of full and rapid healing do not put your body’s resources under undue strain for the next few days e.g. excessive gym work, other regenerative treatments, Laser/IPL hair removal as this will overload the wound healing responses of the body.

**PHOTOGRAPH CONSENT FORM.**

**Photographs To Monitor Skin Change**

Taking pre- and post-treatment photographs to monitor treatment progress and success is a ‘best practice’ procedure and at Sally Durant Training & Consultancy we would like to engage in this practice.

We would like to request your permission and consent to take photographs and/or video for the purpose as described above. These photographs or video will be securely stored, kept confidential and access will only be permitted to authorised personnel.

Please sign and date below.

**I hereby give consent to the taking of photographs that will be used to monitor treatment progress and success only.**

**Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Photographs for Training Purposes**

Pre and post treatment photographs and video are really useful for us to use in our training materials and we would like to use your images for this purpose also. We would not give any personal information including names, unless your consent was specifically given.

We would like to request your permission and consent to use your photographs and video for the purpose described above. These photographs or video will be securely stored but used for training purposes only

Please sign and date below.

**I hereby give consent to the use of the photographs & video taken of me for training purposes.**

**Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**INFORMED CONSENT TO CHEMICAL SKIN PEELING TREATMENT**

I can confirm that the information I have given on my Client Consultation form, which I have validated (or revalidated) on ……………….….(date), is, to the best of my knowledge complete and correct. I have fully disclosed all the information asked of me and have not withheld any known medical history or condition.

I understand that the conditions listed in the consultation form and consent form can make me unsuitable for the required treatment. It is my responsibility to inform Sally Durant Training Consultancy if my circumstances change, on each and every visit for treatment.

I understand that the person providing my treatment is training in the procedure I am to receive today.

I have been fully informed about the procedure I am to receive including the possible side effects and the aftercare procedures I must follow. I have been given the opportunity to ask any question I may have and have received satisfactory answers to these questions.

I have been provided with the aftercare instructions relating to this procedure and understand that any failure on my part to adhere to these instructions could result in an adverse skin reaction, poor result or skin damage. I have been provided with an emergency contact telephone number / email address.

I freely assume responsibility for any risk of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure.

I understand that the General Medical Council advise that General Practitioners are kept fully informed about all treatments undertaken by their patients. Either I have informed my General Practitioner, or, in signing this form I am exercising my right not to inform my General Practitioner about the treatment I am about to undertake.

I have read and understood this consent form, all the above matters have been explained to me and my questions have been addressed and answered to my satisfaction.

**I hereby consent to the chemical skin peeling treatment being undertaken.**

**Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practitioner Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practitioner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tutor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tutor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **TREATMENT DETAILS**  ***To be completed for each treatment*** | | | | | | |
| **New Consultation** | Yes | No | **Existing Consultation revisited** | | Yes | No |
| **Detail any amendments to the consultation information:** | | | | | | |
| **Date: Treatment number:** | | | | | | |
| **Product range:** | | | | **Product name:** | | |
| **Chemical actives:** | | | | **% Strength:** | **pH:** | |
| **Number of layers applied:** | | | | **Length of time on skin:** | | |
| **Client sensation levels 1-10:** | | | | **Detail adaptations made:** | | |
| **TREATMENT OUTCOMES** | | | | | | |
| **Skin reactions normal** | Yes | | | No |  | |
| **Reactions observed:** |  | | | | | |
| **Future treatment and product recommendations:** |  | | | | | |
| **Further treatments booked and products sold:** |  | | | | | |

|  |  |
| --- | --- |
| **Client feedback. Are you happy with the treatment and service you received today and the condition of your skin at the end of the treatment?** |  |
| **Have you been given after care advice and do you understand the importance of this advice?** |  |
| **Client name: Signature:** | |
|  | |  |
|  | |  |