

# patient profile

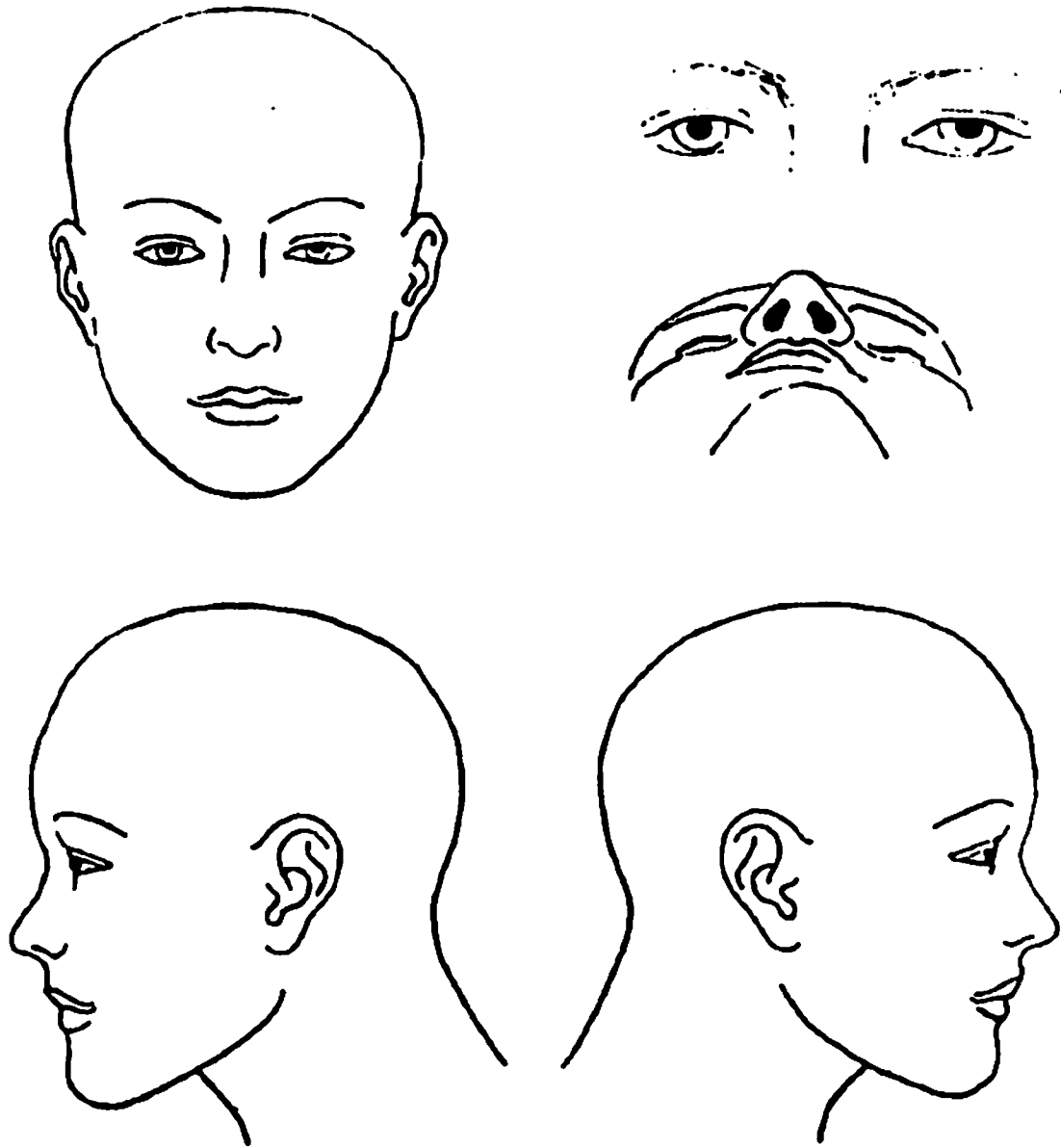
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

- Are you pregnant or lactating? Yes \_\_\_ No \_\_\_ (If so, only the Oxygenating Trio or Detox Gel is appropriate)
- Do you wear contact lenses? Yes \_\_\_ No \_\_\_ (remove contacts if eyes are sensitive or having microdermabrasion)
- Do you have permanent makeup? Yes \_\_\_ No \_\_\_ (if so, to what areas of the face?) \_\_\_\_\_
- Do you currently have a sunburn/windburn/red face? Yes \_\_\_ No \_\_\_ Why? \_\_\_\_\_
- Are you in the habit of going to tanning booths? Yes \_\_\_ No \_\_\_ (if within past three weeks, decline treatment)
- Do you currently use or receive dipilatories or waxing? Yes \_\_\_ No \_\_\_ (Discontinue use 7 days pre and post treatment)
- Are you applying any topical medications at this time? Yes \_\_\_ No \_\_\_ Which one(s)? \_\_\_\_\_  
 (High percentages of certain ingredients may increase sensitivity)
- Are you currently using any topical Retinoid prescriptions (Retin-A®/Renova®/Differin®/Tazorac®/Avage®)?  
 Yes \_\_\_ No \_\_\_ What strength? \_\_\_\_\_ For how long? \_\_\_\_\_ (Discontinue use 5-10 days before and after treatment) NOTE: consult your physician before discontinuing use of any prescription.
- Are you currently using Accutane®? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_ It is OK to apply ONE layer of Ultra Peel® I, Sensi Peel®, Ultra Peel® II, Esthetique Peel™ or Oxy Trio to skin that has been treated with Accutane®. Those who are currently taking Accutane® should be directed to their dispensing physician.
- Have you had a chemical peel or any type of procedure with a medical device? Yes \_\_\_ No \_\_\_  
 Within the last 14 days? Yes \_\_\_ No \_\_\_
- Do you have regular collagen, Botox® or other dermal filler injections? Yes \_\_\_ No \_\_\_ (peels should follow injections by 2-5 days to prevent movement of the filler)
- Have you recently had facial surgery? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_ How long ago? \_\_\_\_\_
- Have you recently had laser resurfacing? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ What kind? \_\_\_\_\_
- What type of work do you do? \_\_\_\_\_ Regular airline travel? Yes \_\_\_ No \_\_\_ How often? \_\_\_\_\_
- Do you participate in vigorous aerobic activity or sports? Yes \_\_\_ No \_\_\_ What type? \_\_\_\_\_
- Do you smoke or use tobacco? Yes \_\_\_ No \_\_\_ Do you develop cold sores/fever blisters? Yes \_\_\_ No \_\_\_
- Last breakout? \_\_\_\_\_
- Are you allergic/sensitive to? (Check all that apply) milk \_\_\_ apples \_\_\_ citrus \_\_\_ grapes \_\_\_ aloe vera \_\_\_ aspirin \_\_\_  
 perfumes \_\_\_ latex \_\_\_ hydroquinone \_\_\_ mushrooms \_\_\_ If any other allergies, what? \_\_\_\_\_
- Are you sensitive to alcohol-based products? Yes \_\_\_ No \_\_\_
- Have you ever used any other products that caused a bad reaction? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_
- Are you taking any medication at this time? (antibiotics may increase sensitivity) \_\_\_\_\_  
 What is your hereditary background? \_\_\_\_\_  
 Natural eye color: Blue \_\_\_ Green \_\_\_ Hazel \_\_\_ Gray \_\_\_ Lt. Brown \_\_\_ Med. Brown \_\_\_ Dk. Brown \_\_\_  
 Natural hair color: Blond \_\_\_ Red \_\_\_ Lt. Brown \_\_\_ Med. Brown \_\_\_ Dk. Brown \_\_\_ Black \_\_\_ Gray/Silver \_\_\_ White \_\_\_  
 Skin tone: Pale/White \_\_\_ Light \_\_\_ Medium \_\_\_ Reddish \_\_\_ Freckled \_\_\_ Lt. Olive \_\_\_ Med. Olive \_\_\_  
 Dark Olive \_\_\_ Lt. Brown \_\_\_ Med. Brown \_\_\_ Dark Brown \_\_\_ Soft Black \_\_\_ Black \_\_\_ Sallow \_\_\_
- Do you consider your skin: Sensitive \_\_\_ Resilient \_\_\_ Not sure? \_\_\_
- Describe your skin (check all that apply): Thick \_\_\_ Thin \_\_\_ Saggy \_\_\_ Firm \_\_\_ Normal \_\_\_ Dry \_\_\_ T-Zone/Combination \_\_\_  
 Oily \_\_\_ Acne \_\_\_ Comedones/Blackheads \_\_\_ Milia \_\_\_ Cysts \_\_\_ Breakouts \_\_\_ Acne-scared \_\_\_ Large pores \_\_\_  
 Small pores \_\_\_ Florid \_\_\_ Rosacea \_\_\_ Eczema \_\_\_ Freckled \_\_\_ Sun-damaged \_\_\_ Uneven/blotchy \_\_\_ Mature \_\_\_  
 Wrinkled \_\_\_ Patchy dryness on \_\_\_ Sallow \_\_\_ Melasma \_\_\_ Perfume-stained \_\_\_ Hypopigmentation \_\_\_ Psoriasis \_\_\_  
 Hyperpigmentation \_\_\_ Dehydrated (lacking moisture) \_\_\_ Asphyxiated \_\_\_ Telangiectasia/broken surface capillaries \_\_\_  
 What is your daily care regimen? \_\_\_\_\_
- What are the cosmetic improvements you would like to see in your skin? \_\_\_\_\_

Treatment recommendation: \_\_\_\_\_  
 Patch test: Date \_\_\_\_\_ Solution \_\_\_\_\_ Test Area \_\_\_\_\_ Result \_\_\_\_\_  
 Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_



face diagram



# patient treatment log

<b>PCA skin</b>		Next Scheduled Treatment: _____
Patient name: _____		Treatment #: _____ Date: _____
Area treated: face neck chest hands arms		scale of one to ten: 1 2 3 4 5 6 7 8 9 10
Comments: _____		
<b>Protocol:</b> <b>Cleanse</b> <input type="checkbox"/> Facial Wash Oily/Problem (pHaze 1) <input type="checkbox"/> Other: _____  <b>Tone</b> <input type="checkbox"/> Smoothing Toner (pHaze 2) <input type="checkbox"/> Other: _____  <b>Treat</b> <b>Enhanced Jessner's Peels</b> <input type="checkbox"/> PCA Peel <sup>®</sup> HQ Free _____ layers <input type="checkbox"/> PCA Peel <sup>®</sup> with HQ _____ layers <input type="checkbox"/> PCA Peel <sup>®</sup> with HQ & Resorcinol _____ layers <b>TCA Peels</b> <input type="checkbox"/> Sensi Peel <sup>®</sup> _____ layers <input type="checkbox"/> Ultra Peel <sup>®</sup> I _____ layers <input type="checkbox"/> Ultra Peel <sup>®</sup> Forte _____ layers <input type="checkbox"/> Smoothing Body Peel Treatment _____ layers		<b>Correct</b> <input type="checkbox"/> ReBalance (pHaze 17) <input type="checkbox"/> Après Peel <sup>®</sup> Soothing Balm (pHaze 11) <input type="checkbox"/> Clearskin (pHaze 18) <input type="checkbox"/> C-Quench <sup>®</sup> Antioxidant Serum (pHaze 15+) <input type="checkbox"/> C-Strength 15% with 5% Vitamin E (pHaze 16) <input type="checkbox"/> C-Strength 20% with 5% Vitamin E (pHaze 16+) <input type="checkbox"/> ExLinea <sup>®</sup> Peptide Smoothing Serum (pHaze 25) <input type="checkbox"/> A&C Synergy Serum (pHaze 23) <input type="checkbox"/> Rejuvenating Serum (pHaze 24) <input type="checkbox"/> Anti-Redness Serum (pHaze 42) <input type="checkbox"/> Retinol Renewal (pHaze 26) <input type="checkbox"/> eyeXcellence™ (pHaze 12) <input type="checkbox"/> Pigment Gel <sup>®</sup> (pHaze 13) <input type="checkbox"/> Pigment Gel <sup>®</sup> HQ Free (pHaze 13) <input type="checkbox"/> Acno Gel (pHaze 35) <input type="checkbox"/> Acne Cream (pHaze 33) <input type="checkbox"/> Peptide Lip Therapy <input type="checkbox"/> Other: _____  <b>Protect</b> <input type="checkbox"/> Hydrator Plus SPF 25 (pHaze 6+) <input type="checkbox"/> Protecting Hydrator SPF 25 (pHaze 7) <input type="checkbox"/> Perfecting Body Hydrator SPF 30 (pHaze 30) <input type="checkbox"/> Total Defense SPF 25 for Men <input type="checkbox"/> Other: _____
<b>Salicylic Acid Treatments</b> <input type="checkbox"/> Clarifying Mask _____ 1 layer <input type="checkbox"/> Pumpkin Peel Treatment _____ 1 layer  <b>Retinol Treatments</b> <input type="checkbox"/> Ultra Peel <sup>®</sup> II _____ 1 layer <input type="checkbox"/> Esthétique Peel™ _____ 1 layer  <b>Peel Alternatives</b> <input type="checkbox"/> Detox Gel Deep Pore Treatment _____ layers <input type="checkbox"/> Oxygenating Trio _____ layers		

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## preparation for 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 and allow for better treatment results. This is recommended but not mandatory. Please consult your physician or skin care technician for appropriate recommendations for your skin type and condition.

It is recommended that you refrain from these activities within 14 days of your appointment:

- Having a chemical peel.
- Tanning in a tanning booth (this practice should be discontinued).
- Having a wax or chemical depilatory treatment (5-7 days).
- Getting Botox®, collagen or other dermal filler injections (3-5 days).
- Microdermabrasion treatments.
- If you are lactating, pregnant or think you might be pregnant, you are only a candidate for an Oxygenating Trio or Detox Gel Deep Pore Treatment.
- It is recommended that you refrain from sun exposure for 10 days prior to your appointment. Do not come to the appointment sunburned (please let us know if you are unable to keep your appointment).
- Delay use of Retin-A®, Renova®, Accutane®, Differin®, Tazorac® or Avage® and high percentage glycolic acid products for approximately seven (7) days prior to your appointment. (Using any of these will take the treatment deeper and make your results less predictable. Please consult the dispensing physician before discontinuing the use of any prescription medication.)

These superficial peels will result in little to no downtime. Treatments may include slight redness, tightness, peeling, flaking and/or temporary dryness. Most patients find it unnecessary to apply makeup, as your 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.