

Level 1 Chemical Peel Treatment Consent

CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of Treatment: _____

TREATMENT OVERVIEW

A Level 1 Chemical Peel is a **superficial exfoliation treatment** designed to gently resurface the outermost layer of the skin.

These peels are light in nature and are intended to improve overall skin condition with minimal downtime.

This treatment may help improve:

- Skin tone and clarity
- Texture and smoothness
- Mild pigmentation
- Overall skin brightness

I understand that Level 1 peels are typically part of a **progressive treatment plan** and are most effective when performed in a **series**, combined with proper home care.

EXPECTED RESPONSES & NORMAL SIDE EFFECTS

I understand that the following responses are common and expected:

- Mild redness lasting several hours (occasionally up to 24 hours)
- Tightness or dryness
- Light flaking for approximately 2–5 days
- Mild sensitivity to skincare products
- Temporary increase in breakouts (purging)

I understand that **sheet peeling is not typical** with Level 1 chemical peels.

POTENTIAL RISKS & COMPLICATIONS

Although Level 1 chemical peels are considered low risk, I understand potential complications may include:

- Prolonged redness or irritation
- Hyperpigmentation or hypopigmentation
- Allergic or sensitivity reaction
- Infection (if aftercare is not followed)

I understand that:

- Results vary based on individual skin condition
 - Multiple treatments may be recommended
 - No guarantees have been made regarding outcomes
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CONTRAINDICATIONS & MEDICAL DISCLOSURE

I confirm that I have disclosed all relevant medical history, medications, and skin conditions.

A Level 1 chemical peel may not be appropriate if I have any of the following:

- Pregnancy or nursing (depending on peel type and provider discretion)
- Active herpes simplex (cold sores)
- Active skin infection (bacterial, viral, or fungal)
- Open wounds, lesions, or compromised skin barrier
- Recent sunburn or irritated/inflamed skin
- Recent laser, microneedling, or medium/deep peel within 2 weeks
- Use of Accutane (Isotretinoin) within the past 6–12 months
- Recent facial surgery
- Autoimmune disorders affecting wound healing
- Uncontrolled diabetes
- Use of topical retinoids or exfoliating acids within 3–5 days (unless instructed otherwise)
- Known allergy or sensitivity to peel ingredients
- History of keloid or hypertrophic scarring

I understand that failure to disclose this information may increase the risk of adverse reactions.

PRE-TREATMENT ACKNOWLEDGMENT

I confirm that:

- I have avoided excessive sun exposure prior to treatment
 - I have discontinued retinoids and exfoliating products as instructed
 - I have disclosed all sensitivities and medications
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POST-TREATMENT CARE AGREEMENT

I agree to follow all aftercare instructions provided.

For **24–48 hours following treatment**, I will:

- Avoid direct sun exposure and apply SPF 30+ daily
- Avoid tanning beds
- Avoid heat (saunas, steam rooms, hot showers)
- Avoid strenuous activity causing excessive sweating
- Avoid picking, peeling, or exfoliating the skin

I understand that proper aftercare is essential to prevent irritation and unwanted side effects.

PRODUCT APPLICATION CONSENT

I understand that chemical exfoliating agents will be applied during this treatment.

I acknowledge that:

- My skin may be more sensitive following treatment
 - I have disclosed any known allergies or sensitivities
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NO GUARANTEE OF RESULTS

I understand that results vary based on individual skin type, condition, and adherence to treatment and home care protocols.

No guarantees have been made regarding the outcome of this procedure.

CLIENT CONSENT & LIABILITY RELEASE

I acknowledge that:

- The procedure has been explained to me
- I have had the opportunity to ask questions
- I understand the risks and benefits
- I am voluntarily consenting to treatment

I release **Dermodality Skin Solutions, DIME, its students, educators, providers, employees, and affiliates** from liability associated with this treatment, except in cases of gross negligence or willful misconduct.

PHOTO & EDUCATION CONSENT

- I consent to photos/videos for documentation, education, and marketing
 - I do not consent
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TREATMENT DOCUMENTATION (PROVIDER USE)

Peel Used: _____

Application Time / Layers: _____

Add-ons / Products Used: _____

Provider Notes: _____

SIGNATURES

Client Name: _____

Client Signature: _____

Date: _____

If Minor:

Parent/Guardian Name: _____

Signature: _____

Date: _____

Provider / Instructor Signature: _____

Date: _____

DERMODALITY