SORELLA
APOTHECARY

peel intake form

NAME: ....

PHONE: ....

EMAIL: ....

DATE: ....

HOW DID YOU HEAR ABOUT US?

....

PLEASE CHECK ANY CONCERNS WITH YOUR SKIN SO WE CAN CUSTOMIZE YOUR TREATMENT FOR YOU:

DRY
OILY
ROUGH TEXTURE
CLOGGED PORES
ACNE/BREAKOUTS
REDNESS
SUN DAMAGE/ HYPERPIGMENTATION
FINE LINES/ WRINKLES

DO YOU WANT EXTRACTIONS?

YES NO

WHERE? ....

DO YOU CONSIDER YOUR SKIN:

RESILIENT SENSITIVE UNSURE

WHAT IS YOUR CURRENT SKINCARE REGIMEN?

....

....

DO YOU WEAR AN SPF DAILY? IF NOT WHY?

YES NO ....

WHEN YOU GO OUT IN THE SUN DO YOU:

ALWAYS BURN
USUALLY BURN
SOMETIMES BURN
RARELY BURN
VERY RARELY BURN
NEVER BURN

HAVE YOU HAD A CHEMICAL PEEL BEFORE?

YES NO

ARE YOU PREGNANT OR NURSING?
*PLEASE CONSULT WITH YOUR DOCTOR

YES NO

HAVE YOU HAD PERMANENT MAKEUP OR MICROBLADING?
*MUST WAIT 4 WEEKS AFTER AND BEFORE PERMANENT MAKEUP OR MICROBLADING

YES NO

DO YOU CURRENTLY USE HAIR REMOVAL PRODUCTS, OR HAVE YOU RECENTLY HAD FACIAL WAXING?

*DISCONTINUE USE OF ANY HAIR REMOVAL 7 DAYS PRE AND POST TREATMENT

YES NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS, TOPICAL OR OTHERWISE? (HYDROCORTISONE, ANTIBIOTICS, TRENTINOIN, RETIN-A®, RENOVA®, DIFFERIN®, TAZORAC®, AVAGE®, EPIDUO®, ZIANA®)

YES NO

*CONSULT YOUR PHYSICIAN BEFORE DISCONTINUING USE OF ANY PRESCRIPTION, HOWEVER, IT IS RECOMMENDED TO DISCONTINUE USE OF THESE PRESCRIPTIONS 7 DAYS PRE AND POST TREATMENT AS THEY WILL INCREASE SENSITIVITY

HAVE YOU EVER OR ARE YOU CURRENTLY USING ACCUTANE®? FOR HOW LONG?

YES NO ....

*IF WITHIN A YEAR PLEASE CONSULT YOUR PHYSICIAN

DO YOU USE PRODUCTS THAT CONTAIN GLYCOLIC ACID? YES NO

HAVE YOU PREVIOUSLY HAD A CHEMICAL PEEL OR ANY TYPE OF PROCEDURE WITH A MEDICAL DEVICE?

YES NO WHAT TYPE OF TREATMENT? ....

WAS YOUR TREATMENT WITHIN THE LAST 14 DAYS? YES NO

DO YOU HAVE REGULAR INJECTIONS (BOTOX) OR DERMAL FILLER?

YES NO WHEN? ....

HAVE YOU RECENTLY HAD LASER RESURFACING?

YES NO WHEN? ....

DO YOU PARTICIPATE IN VIGOROUS EXERCISE OR SPORTS? YES NO

ARE YOU PRONE TO COLD SORES OR FEVER BLISTERS?

YES NO LAST BREAKOUT? ....

*IF PRONE TO OUTBREAKS SEE YOUR PHYSICIAN FOR AN ANTIVIRAL MEDICATION OR SUPPLEMENT WITH LYSINE THE WEEK BEFORE, DURING, AND THROUGHOUT THE HEALING PROCESS

ARE YOU ALLERGIC/SENSITIVE TO ANY OF THE FOLLOWING?

MILK ALOE VERA

APPLES ASPIRIN

CITRUS MUSHROOMS

GRAPES

WHAT ARE THE CHANGES YOU WOULD MOST LIKE TO SEE IN YOUR SKIN?

....

DO YOU HAVE ANY SPECIAL REQUESTS FOR TODAY'S PEEL?

....

IS THERE ANYTHING WE SHOULD KNOW THAT MIGHT CONTRAINDICATE YOUR TREATMENT?

....