



Affix Patient Label

Patient Name:

DOB:

Informed Consent Chemical Peel Treatment

This information is given to you so that you can make an informed decision about having a **Chemical Peel**.

Reason and Purpose of the Procedure:

Chemical peels work by exfoliating (removing) the dead outer layer of skin cells. Your skin will be washed with a mild cleanser. Layers of a chemical are applied to the area being treated and left on for up to 10 minutes. The chemical may sting when applied. This can improve skin circulation, unclog pores and decrease pigment. This improves the appearance of your skin.

Benefits of this procedure:

You might receive the following benefits. Your professional cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Decrease in brown spots, skin discoloration, and sun damage
- Decrease in fine lines and wrinkles
- Improvement of acne scars

Risks of this procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your professional cannot expect.

- Redness and swelling of the treated area
- Scabbing or blistering; scarring can result if the patient peels or picks the scabs or blisters.
- Itching, irritation and burning feeling
- Sun sensitivity; you should avoid direct sun exposure for two weeks after the procedure.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can decrease healing in skin tissue. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Patient Name:

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Risks specific to you:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure.

General Information

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Patient Name: _____

DOB: _____

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Cosmetic Skin Care Registered Nurse, Medical Assistant or Aesthetician. My questions have been answered.
- I want to have this procedure: **Chemical Peel**
- I understand that other staff may help with this procedure. The tasks will be based on their skill level.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient/Parent of minor Closest relative (relationship) Guardian/POA Healthcare**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.Interpreter: _____ Date _____ Time _____
Interpreter (if applicable)**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider/Cosmetic Skin Care RN/MA/Aesthetician

Signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

___ Reason(s) for the treatment/procedure: _____

___ Area(s) of the body that will be affected: _____

___ Benefit(s) of the procedure: _____

___ Risk(s) of the procedure: _____

___ Alternative(s) to the procedure: _____

OR

___ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____