



VI PEEL

PATIENT INTAKE FORM

Patient Intake Form

Name: _____ Age: _____ DOB: _____ SEX: ___ M ___ F Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Circle all skin concern(s) that you are seeking improvement upon.

PIGMENT AGING ACNE ROSACEA OTHER

Are you pregnant or breastfeeding? YES NO If yes, you are contraindicated for a chemical peel.

Do you have permanent makeup? YES NO Do you wear contacts? YES NO

Have you recently had facial or body waxing or used at home depilatories? YES NO

Do you currently have sunburn or wind burned skin? YES NO **If yes, you are contraindicated.**

Do you have extended outdoor plans in the next 7 days? YES NO

Do you plan to participate in vigorous exercise in the next 72 hours? YES NO

Have you had any active skin care treatments in the past 21 days? YES NO **If yes, how long ago?**

List all topical products applied in the last 7 days _____

List all prescription medications currently taken and in the past two weeks. _____

(Note: Patient MUST be off Accutane for 3-6 months prior to peeling) _____

Have you recently undergone any surgery or laser treatments in the area to be treated? YES NO

If yes, please provide detail _____

Do you receive injectables? (Botox, fillers) YES NO Do you develop cold sores? YES NO

Do you have any known allergies or sensitivities? (Please list)

Describe your ethnic background (English, Hispanic, Italian, German, Asian, Native American, African American, etc.)

How would you describe your skin? SENSITIVE NORMAL RESILIENT

Phone Number: _____

Email Address: _____



VI PEEL

To learn more and to place
an order please visit
www.vipeel.com

Vitality Institute
Los Angeles, CA 90038
1.855.VI.Peels | 1.855.847.3357



FOR **Confident** SKIN



VI PEEL
BODY

VI Peel[®] Body Consent Form

PATIENT NAME _____

DATE _____

The VI Peel[®] Body contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peel[®] Body will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation, soften stretch marks; clear acne skin conditions; reduce or eliminate acne scars; improve common conditions of the body like tinea versicolor, keratosis pilaris, and acanthosis nigricans while stimulating the production of collagen, for firmer, more youthful skin.

CONTRAINDICATIONS:

- Patients who are pregnant or who are breast feeding
- Patients who have a phenol allergy or allergy to any of the ingredients in the peel including: Glycolic Acid, Lactic Acid, Mandelic Acid, Phenol, Trichloroacetic Acid, Aloe Vera, or Allantoin
- Patients who have used oral isotretinoin (Accutane) within the past 6 months
- Patients who have warts, open wounds, or history of herpes outbreaks
- Patients who are undergoing chemotherapy and or radiation therapy within 6 months
- Patients who have keloids, a history of keloids, hypertrophic scars or active melanoma(s)
- Patients with a history of an autoimmune (i.e. Lupus) or liver disease/disorder as well as any condition that may weaken their immune system

- _____ Prior to receiving treatment, I have communicated with the Practitioner about any conditions or medications that may contraindicate this procedure.
- _____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat, or tightness during and up to 10 days after the procedure.
- _____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for a week or months after the peel.
- _____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.
- _____ I understand if I have any acne condition in the skin, the peel may bring out oils and bacteria from below the surface and can cause an ordinary breakout.
- _____ I understand that maintenance of VI Peel[®] Body treatments are necessary to maintain results as well as the recommended VI Derm[®] skin care regimen and SPF 50+.
- _____ I understand that extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel[®] Body.
- _____ I understand no activities involving excessive sweating can be done for 5-7 days (intense exercise, sauna, hot tub steam room and that overheating may cause me to develop blisters or cause hyperpigmentation to worsen.)
- _____ I understand that I must protect my skin with VI Derm[®] SPF 50+ and avoid sun exposure during the 7-10 day exfoliation process.
- _____ I understand that this is an elective cosmetic procedure.
- _____ I understand that no other chemical peels, facial machine brushes or medical device (laser, IPL, etc) treatments may be performed on my skin until my physician/clinician releases me to do so.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

PRINTED PATIENT NAME

PATIENT SIGNATURE

DATE

PRINTED PRACTITIONER NAME

PRACTITIONER SIGNATURE

DATE

PEEL SIZE:

LOT #

EXP DATE: