

PATIENT INFORMATION AND MEDICAL HISTORY

Name: _____ SSN: _____ - _____ - _____

Full Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Alternate Phone: _____

Date of Birth: ____ / ____ /19 ____ Age: ____ Email: _____

HISTORY – Please circle if you have or have had :

Diabetes

Herpes – cold sores

Sensitive to anesthetic/lidocaine:

Lyme disease

Heart problems or family history of heart problems?

Hypertension

Photosensitive disorder

Autoimmune illness of any type (example: lupus or other)

History of Bell’s Palsy

Blood or lymphatic disorder or cancer?

Have you taken **accutane** in the past six months? Yes/No

Are you under the care of a physician? If yes, name: _____

Current/Recent medications: _____

Medical illness _____

IF YES, EXPLAIN

Cold sores	Yes	No
Keloid scars	Yes	No
Hives	Yes	No
Facial Skin Cancer	Yes	No
Facial waxing	Yes	No
Hypersensitivity to skin products	Yes	No
Skin infections	Yes	No
Laser skin resurfacing	Yes	No
<u>Chemical Peels in past month:</u>	Yes	No
Photo sensitizing substances	Yes	No
Laser work of any type	Yes	No
Complications from botulinum/fillers?	Yes	No

Are you pregnant or breastfeeding? Yes / No

Allergies of any kind, including drugs or gram-positive bacteria _____

Have you had any cosmetic work done in past? Fillers/botox/plastic surgery _____

Areas of interest for liquid facelift treatment: _____

I ATTEST THE ABOVE INFORMATION TO BE TRUE, KNOWING MY PROVIDER RELIES ON THIS INFORMATION TO PROVIDE SAFE AND EFFECTIVE TREATMENT.

FOR THE SERVICES RECEIVED TODAY, I AGREE TO PAY \$ _____.

Per credit card merchant agreement, I agree to pay the above amount to my credit card.

I understand that payment for services rendered is due at time of service. In the event of default, I promise to pay legal interest (18% annually) on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this note.

Adult Signature _____ Date _____

Vi Peel Consent Form

I, _____, agree to receive the application of the Vi Peel by Dr. Anouche Moshari Roberts, M.D.

The purpose of the Peel has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. (initial) _____

I understand surgery, laser or other treatment alternatives may be as effective or more effective in reducing the appearance of skin hyperpigmentation, age spots, wrinkles, rosacea, or acne lesions. (initial) _____

I am not allergic to any of the Vi Peel ingredients, namely: **Trichloroacetic Acid , Salicylic Acid (aspirin) , Retinoid Acid (retina), Glycolic Acid, Vitamin C.** (initial) _____

I am fully aware of the risks of complications of injuries that can occur from this treatment, both from known and unknown causes, and I freely assume those risks.

The known complications could include:

Scarring

Infection

Hyper pigmentation

Hypo pigmentation

Cold sore breakouts

Heart disease in family or in yourself

(initial) _____

Temporary or permanent changes in skin or uneven tone (especially with Phenol peels). These include: Hyperpigmentation (a darkening of the skin, treatable in most cases with current bleaching techniques) and Hypopigmentation (a lightening of the skin, more difficult to treat) Cold sores breakouts in patients who have a history of recurring blisters and cold sores, like herpes and shingles.

Risks for those with a family history of heart disease (Phenol peel only).

You should not have a chemical peel if you:

Continue to have excessive sun exposure

Have active Herpes Simplex, Warts, history of Keloidal scarring

Underwent any type of recent facial surgical procedures

Used Accutane in the last year (which increases your chances of excessive scarring) or on an active high dose B5 supplement

Pregnant or Lactating

Have any auto immune diseases

Have had any recent radioactive or Chemotherapy treatments

Have sunburn, windburn or broken skin or have recently waxed or have recently used a depilatory such as Nair® or use Vaniqua®.

(initial) _____

I certify I have read this entire informed consent and I understand and agree to the information stated in this form. I am a competent adult at least 18 years of age. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. (initial) _____

No guarantee, warranty or assurance has been made as to the treatment results. I understand that the results are of temporary nature, and more treatments might be needed to maintain improvement. I agree to adhere to all the safety precautions described: follow instruction package, avoid sun exposure, wear sunblock, do not pick or pull at peeling skin.

Signature: _____ Date: _____

Patient Name (please print) _____