

PATIENT PROFILE

Alumier^{MD}

Name: _____ D.O.B: _____ Gender: _____

Business name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email address: _____

ABSOLUTE CONTRAINDICATIONS

	YES	NO
Are you currently using or have you used Accutane (isotretinoin) in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or nursing/lactating?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cold sore today (herpetic breakout)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a skin infection/open wound in the treatment area?	<input type="checkbox"/>	<input type="checkbox"/>
Are you allergic to Aspirin (acetylsalicylic acid)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently undergoing cancer treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an autoimmune illness? _____	<input type="checkbox"/>	<input type="checkbox"/>

RELATIVE CONTRAINDICATIONS

	YES	NO
Have you had a chemical or enzyme peel within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had laser hair removal within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a photofacial treatment within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had radio frequency skin tightening treatments within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a microdermabrasion treatment within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had waxing, threading, or any other form of hair removal in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had Botox in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any dermal filler injections in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been exposed to The Sun or used a tanning bed in the last 3 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using any sunless tanning products?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using any prescription or non-prescription retinoids (eg. retinol, Retin-A®, Tazorac®)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you used any AHA/BHA skincare products in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using any prescription topical medications at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have permanent make up?	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in aerobic physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a cold sore?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used any skincare products that caused an adverse reaction?	<input type="checkbox"/>	<input type="checkbox"/>
What is the ethnic background of your parents? _____		
What are the skin concerns that you would like us to help you with? _____		
Do you have any medical issues? _____		

I consent to this data being collected and in the event of an adverse reaction, I consent to the clinic passing this information to AlumierMD for further advice

Patient signature: _____ Date: _____

Professional signature: _____ Date: _____

PATIENT CONSENT

FULL DISCLOSURE

Prior to receiving treatment, I have reviewed and signed the Patient Profile given to me by my physician/skincare professional. I have been truthful in disclosing information that may have bearing on this procedure including the following:

- Accutane use
- Nursing/lactating
- Allergies
- Autoimmune illness
- Pregnancy
- History of cold sores
- Aspirin allergy
- Cancer treatment

POSSIBLE ADVERSE EVENTS

I have been informed that the following may occur post treatment:

- **Hyperpigmentation/hypopigmentation: I agree to follow the recommended post-procedure instructions to minimize the chance of this occurring.**
- **Allergic reaction: I also understand that exposure to different ingredients found in the treatment and associated home care products may result in an allergic reaction.**
- **Contact dermatitis, inflammation (redness), edema (swelling), skin irritation (itchiness)**
- **Temporary sensation of heat and itchiness immediately following treatment**
- **Scarring (rare)**

If any of the above occurs, I will immediately discontinue use of all professional treatments and AlumierMD home care products and consult my physician.

PEELING

I understand that the treated area may or may not actually peel and that each treatment is individual. I understand that the degree of peeling does not necessarily reflect the efficacy of the procedure.

CONDITIONS OF TREATMENT

I agree to refrain from the following activities for 14 days post treatment: Sun or tanning bed exposure • Microdermabrasion • Laser hair removal • Photofacials • Chemical peels • Laser or RF skin treatments

I agree to refrain from the following activities for 7 days post treatment:

- Waxing, threading, and use of all other depilatories
- Neurotoxin injections (eg. Botox, Dysport)
- Dermal filler injections
- Use of retinoids • Use of mechanical exfoliants
- Use of topical AHA/BHA and all other exfoliant topical skincare products
- Use of sunless tanning products
- Acne topical treatments
- I have disclosed all prescription and non-prescription products that I am using.
- I agree to follow all post-procedure protocols recommended by my physician/skincare professional.
- I agree to use the recommended sun protection product (SPF 30 or higher) on the treated area for a minimum of 14 days post treatment.

LIMITATIONS TO TREATMENT

I understand there are no guarantees as to the results of this treatment due to many variables including age, skin condition, sun damage, smoking, climate, etc. I understand that this treatment is cosmetic and that no medical claims are expressed or implied by AlumierMD or by the skincare professional. I understand that to achieve maximum results, I may require several treatments.

ADVERSE EVENTS

I understand that although adverse events are rare, they do occur and prompt treatment is necessary. In the event of any adverse event, I will contact the physician/skincare professional who performed my treatment.

I hereby certify that all the information that I have provided has been accurate and truthful. I acknowledge reading all the information contained herein regarding the possible adverse events associated with the treatment. I will receive and acknowledge the limitations and adverse events of such treatment. I further acknowledge that these limitations and adverse events have been explained and that I accept and consent to treatment. I agree to follow all post-treatment care instructions provided to me. I acknowledge that I have been provided with adequate time to read, understand and accept the above limitations and complications.

TREATMENT LOG	DATE						
	INITIAL						
	TREATMENT						

Patient signature: _____ Date: _____

PREPARATION FOR A PEEL TREATMENT

You will be having a skin treatment on the day of your appointment. Please follow the instructions below to prepare:

- **Use of AlumierMD home care products prior to your peel are recommended to prepare the skin, allow for better treatment results and reduce the risk of complications. Please consult your physician or skincare professional for appropriate recommendations for your skin type and condition.**

It is recommended that you take the following into consideration:

- **For best results and to reduce the risk of complications, it is recommended that you use AlumierMD home care products for 10 to 14 days prior to treatment.**
- **If you are lactating, pregnant, or may be pregnant, consult your physician before receiving any treatment.**
- **Avoid sun exposure and tanning beds for at least two weeks prior to treatment.**
- **Avoid the use of retinoid products (eg. retinol, Retin A®, Tazorac®) and high levels of AHA and BHA products for approximately 7 days prior to treatment. Consult your physician before temporarily discontinuing the use of any prescription medications.**

AlumierMD skin treatments result in minimal to no downtime but create dramatic and visible results. Treatments may cause slight redness, tightness, peeling, flaking or temporary dryness. Most patients do not find it necessary to apply makeup, as the skin will be smooth, dewy and radiant following your treatment.

POST-PEEL SKIN TREATMENT TIPS

You have just received an AlumierMD Skin Treatment. Due to the nature of these treatments, you should not necessarily expect to “peel”. However, you may have light to moderate flaking in a few localized areas for 3 to 7 days. You may also experience residual redness, which lasts in most patients from 1 to 12 hours. It is recommended that you do not apply makeup the day of the treatment. It is ideal to allow the skin to

stabilize and rest overnight. However, makeup can be applied, if necessary. Tonight your skin will feel tight and “pulled”. Although you may or may not actually “peel”, it is likely that you will experience a light “exfoliation”. It may take 2 or more treatments to target the deeper layers of skin to loosen and “peel”. In order to obtain maximum results and avoid complications, please follow the post-peel instructions listed below for approximately 5 to 7 days:

Avoid direct sun exposure and excessive heat.

Only use the products provided to you in your post-procedure kit for 5 to 7 days post treatment.

Discontinue use of any product that irritates your skin and contact your skincare professional.

Important: Keep your skin hydrated. Hydration is key to proper healing.

DO NOT cleanse your skin on the evening of your peel.

DO NOT pick or pull any flaking skin.

DO NOT tan or use a tanning booth for at least 14 days post peel.

DO NOT have electrolysis, waxing, threading or any other form of hair removal for 7 days post treatment.

DO NOT use facial scrubs or mechanical forms of exfoliation for 14 days post peel.

DO NOT use retinoic acid, AHA or BHA for 14 days post peel.

DO NOT have laser hair removal, photofacials, chemical peels or microdermabrasion for 14 days post peel.

DO NOT apply ice or ice water on the treated area.

DO NOT use hot tubs, steam rooms, saunas, and/or excessively hot showers for 2 days post peel.

DO NOT go swimming for 2 days post peel.

DO NOT participate in aerobic exercise for 2 days post peel.

For questions or concerns, please call your service provider at _____

In case of emergency such as allergic reaction, please contact your physician and proceed to the nearest emergency room

Patient signature: _____

Date: _____