



Downtown Beauty Bar Facials

Powered by

DERMAQUEST

Intake form

Section A

Name _____
Date _____
Address _____

Postal code _____
Phone # _____
Email _____
Age _____
Gender _____

Section C Health

Please answer yes or no unless otherwise indicated

Are you:

Under a physician's care for any medical condition?
Being treated for any other medical condition?
Currently using steroids or steroid cream products?
Taking any medications/natural remedies?

Do you have:

Any allergies (including aspirin)
Hormonal imbalance
Burns/grafted skin
Diabetes
Epilepsy
Kidney disease
Shingles
Eczema
Psoriasis
Thyroid condition
Cold sores Recurring? _____
Keloid scar formation
Asthma
A heart condition
Thrombosis
High blood pressure
Metal implants
Tattoos or permanent makeup in the area to be treated
Have you ever been diagnosed with melanoma?
Have you ever had cancer with a history of radiation treatments?
Do you currently receive radiation treatments?

Section B Lifestyle

Occupation _____
Stress level _____
Do you exercise? _____ How often? _____
What type? _____
Daily water intake _____
Diet _____
Do you drink alcohol? _____ How much? (per week) _____
Do you smoke? _____ Average per day? _____
Do you drink caffeine? _____ Average per day? _____
Recent sun exposure _____

Section D SkinQuest

What is your current skincare routine?

Do you:

Cleanse
Tone
Exfoliate
Use Masks
Use Serums
Use Eye Creams
Daily SPF Level
What are your concerns with your skin?
What would you like to achieve today?
Are you currently using Benzoyl Peroxide, Alpha Hydroxy
or Beta Hydroxy Acids?
Have you ever had injections, fillers, chemical peels
or laser treatments? If so, when? _____
Would you be okay with 3-7 days of downtime,
which may include peeling?
Do you currently use/have you ever used:
Hydroquinone?
Retin-A?
Accutane/Isotretinoin?

Section E Females Only

Are you:

Pregnant?
Lactating?
Taking contraceptives or any hormone supplements?

Client signature _____

Print name _____ Date _____

Skincare professional _____ Date _____

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

Informed Consent for Exfoliation Treatment

I, (Name)
 authorize (Name of Physician/Esthetician)
 of (Name of Business)
 to perform the marked exfoliation treatment.

Agreement to follow post care treatment instructions

After receiving any resurfacer or chemical peel treatment, I agree to follow and use all prescribed home care products and instructions, including daily use of an SPF. As I begin the healing process, I agree to keep my skin protected daily from sun and heat. I will continue this home care regimen until I am instructed by my skincare professional to adjust it. _____

Treatments

- Glycolic Acid Resurfacer Level I & II []
- Lactic Acid Resurfacer []
- MangoBrite Resurfacer []
- Primary Pumpkin Resurfacer []
- Power Pumpkin Resurfacer []
- Power Peptide Resurfacer []
- Salicylic Acid Resurfacer []
- Modified Jessner's Chemical Peel []
- SkinBrite Chemical Peel []
- TCA/Salicylic Acid Chemical Peel []
- Firming Enzyme Treatment []
- Microdermabrasion []
- MicroRoller []
- Physician Only** []
- Glycolic Acid Peel** []
- Salicylic Acid Peel** []
- TCA** []
- Traditional Jessner's Peel** []

Contraindications and Expectations for DermaQuest Resurfacers and Chemical Peels

I have informed my esthetician or physician:

- Of my diagnosis of diabetes
- That I am a patient under a physician's care
- Of my use of all medications and supplements, including antibiotics
- Of my use of Isotretinoin (Accutane) in the past 12 months
- Of any history of radiation to the region
- Of herpes simplex or active infection
- Of my history of hypertrophic scar formation
- That I am not pregnant or breast feeding
- That I have not used Retinoids, Hydroxy Acids or Benzoyl Peroxide for at least one week
- That I will not use Retinoids, Hydroxy Acids or Benzoyl Peroxide until my skin is healed
- That I have not waxed in the past week, or shaved the treated area for 24 hours
- That I will avoid hot baths/showers, sweating and strenuous exercise for one week post-procedure
- That I will avoid rubbing, picking and scrubbing my skin post-procedure, as it may result in scarring, hyperpigmentation or other skin damage
- That I will protect my skin from any sun exposure with a broad-spectrum sunscreen of at least SPF 30 daily
- I have received a patch test prior to my treatment. I have read and will follow any and all instructions to the best of my ability
- I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Please initial

_____ 1. I acknowledge that I have properly balanced my skin prior to undergoing the exfoliation treatment listed above. I followed the instructions provided by my skincare professional, and/or used the following skincare regimen:

Option 1

For Fitzpatrick 1-3
 Essential Daily Cleanser
 Essential B5 Hydrating Serum
 Stem Cell Rebuilding Complex
 Essential Moisturizer
 ZinClear SPF 30

Option 2

For Fitzpatrick 4-6
 The use of the products listed in
 Option 1, plus one of the following:
 SkinBrite Serum or Cream
 Retinol Brightening Serum

Supplemental products

_____ 2. I acknowledge that no guarantee has been made regarding the results of this procedure. Although it is impossible to list every potential risk and complication, I have been informed of the possible risks and complications which may include, but are not limited to, the following:

- Stinging, itching or irritation
- Redness and swelling of the skin
- Tightness, peeling or scabbing of treated skin and surrounding areas
- Skin sensitivity to wind, sun or other environmental factors
- Darkened pigmentation

result in the need to discontinue the treatment. In this case, alternative recommendation(s) will be suggested. It is very rare that a permanent disability occurs. In case of complication during or after the treatment, I authorize my esthetician or physician to perform any necessary treatments.

_____ 4. I agree to inform my esthetician or physician if I begin using any new medications or products during the course of the treatment. I attest that I have had an opportunity to ask questions and have had questions answered to my satisfaction.

_____ 3. Any potential risks and complications could

_____ 5. I certify that I am at least eighteen (18) years old.

Client signature _____

Print name _____ Date _____

Skincare professional _____ Date _____

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

Fitzpatrick Skin Type (To be filled out by a professional)

	FITZ 1	FITZ 2	FITZ 3	FITZ 4	FITZ 5	FITZ 6
Eye Color	Light Blue, Gray or Green	Blue, Gray or Green	Blue, Gray, Green or Brown	Dark Brown	Brownish Black	Black
Natural Hair Color	Sandy Red	Blond or Light Brown	Chestnut or Dark Blond	Dark Brown	Black	Black
Color of Exposed Skin	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	Dark Brown
Freckles on Skin	Many	Several	Few	Incidental	None	None
Burn Reaction	Painful Redness, Blistering and Peeling	Blistering Followed by Peeling	Burn Sometimes Followed by Peeling	Rarely Burn	Never Burn	Never Burn
Short-term Tendency to Tan	Hardly or Not at All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	Turn Dark Brown
Long-term Tendency to Tan	Never	Seldom	Sometimes	Often	Always	Always
Photosensitivity	Very Sensitive	Sensitive	Normal	Rarely Have a Problem	Never Have a Problem	Never Have a Problem

Result: _____

Client signature _____
 Print name _____ Date _____
 Skincare professional _____ Date _____

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

Skin Analysis & Treatment Record

Client Name _____

Date _____

Patch Test _____

Skin Type

Normal Combination Acne Dry Dehydrated

Skin texture

Fine Medium Thick Very Thick

Acne Grade

0 1 2 3 4

Pigmentation

P.I.H. Melasma Sun Damage Area

Rosacea

None Nose Cheeks Chin Forehead Face

Broken Capillaries

None Nose Cheeks Chin Forehead Face

Psoriasis

Yes No

Eczema

Yes No

Dermatitis

Yes No

Port Wine Hemangioma

Yes No

Keloids

Yes No

Laser/ Chemical Peels

Yes No

Tattoos

Yes No

Notes _____

To be filled out by a professional

Treatment # 1,2,3/4,5,6

Service cost:

Length of treatment:

Skincare professional:

Any changes to medical history since your primary consultation? Yes No

If yes, please specify:

Pre-treatment observations/changes:

Prepping Solution:

How long?

Number of Passes:

Retinol? Yes No

Treatment # 1,2,3/4,5,6

Post-treatment observations:

Post-treatment products:

Recommendations:

Products:

DermaMinerals:

Other Comments:

Client signature _____

Print name _____ Date _____

Skincare professional _____ Date _____

I certify that all the above information is accurate, and if any changes occur I will notify this clinic immediately.

Resurfacers and Peels

Important information regarding resurfacers and chemical peels

Resurfacers and chemical peels are some of the most effective and impressive options in skincare today. These advanced treatments have the ability to not only treat skincare concerns but also inspire confidence.

Resurfacers are superficial exfoliating treatments, meaning that they work on the stratum corneum layer, the very top layer of the skin. Resurfacers generally have no recovery time and can address several concerns and desires through the use of enzymes and acids, which diligently work to refine and exfoliate. Although it is possible to book a resurfacing treatment with a first-time client, you must be sure that they have the appropriately primed Fitzpatrick type for the treatment, and also be confident in your ability as a skincare professional. We recommend booking a Classic DermaQuest facial first. You can review these options in our Protocols section.

Chemical peels will also exfoliate and address a wide variety of concerns, yet they have the ability to penetrate beyond the stratum corneum and into the mid to lower sections of the epidermis where resurfacing treatments cannot reach. Since chemical peels penetrate so deeply into the skin, you cannot wipe them off, meaning that the active ingredients keep working within your skin long after your treatment. This delivers stronger and extended results. However, because you cannot simply remove a chemical peel, it is of the utmost importance to perform a patch test to ensure that there are no allergies or sensitivities to the products. Because chemical peels are so active and deeply penetrating, they do require downtime and a commitment from your client to follow your care instructions as their skincare professional. Yet with that commitment, and your thoughtful care as a professional, your clients can achieve stunning and lasting results.

Main Contraindications for Resurfacers and Peels

- Use of Isotretinoin (accutane) in the past 12 months
- History of radiation to the area being treated
- Herpes simplex or active infection (refer to MD)
- History of hypertrophic scarring
- Pregnancy/ Lactating
- Obsessive pickers

Note that disorders that compromise the body's immune system, such as lupus or Crohn's disease, should be cleared by physician prior to treatment.

Perform a patch test at least 24-72 hours prior to treatment. Cease use of retinoids, benzoyl peroxide, and AHA/BHA products 7 days prior to treatment. Do not perform a chemical peel on multiple or large areas in one treatment. Doing so may cause toxicity.

Chemical peels and advanced resurfacers may cause increased sensitivity. Side effects may include, but are not limited to, stinging, itching, irritation, redness, swelling, tightness, peeling, scabbing and crusting of the skin. **Avoid sweating, exercising, hot tubs, hot showers and baths, scrubbing, picking, pulling or rubbing skin. This can lead to scarring and permanent skin damage.**

DermaQuest always recommends performing chemical peels and resurfacers during the winter and fall months. When scheduling chemical peels, we suggest performing them in a series of three, once a month. For resurfacers, we suggest a series of six, twice a month. For further example, refer to the charts below.

Chemical Peels Schedule Example

1st Series of 3	2nd Series of 3
1 Peel in February	1 Peel in September
1 Peel in March	1 Peel in October
1 Peel in April	1 Peel in November

Resurfacer Series Schedule Example

1st Series of 6	2nd Series of 6
2 Peels: Feb 1st and Feb 15th	2 Peels: Sept 1st and Sept 15th
2 Peels: March 1st and March 15th	2 Peels: Oct 1st and Oct 15th
2 Peels: April 1st and April 15th	2 Peels: Nov 1st and Nov 15th

Pre-Treatment Support and Protection Instructions

Balance Fitzpatrick Skin Types 1-3 for 2 weeks with the following: Essentials Starter Kit

Balance Fitzpatrick Skin Types 4-6 for 4 weeks and incorporate a skin lightening product as follows: Essentials Starter Kit + SkinBrite Cream and/or SkinBrite Serum

Be sure to instruct your client to abstain from:

- The use of products that contain retinol or vitamin A for 7 days
- The use of benzoyl peroxide for 10-14 days
- Shaving the treatment area for 7 days
- Waxing the treatment area for 10-14 days
- Exfoliating for 5-7 days

What to Expect Post Resurfacing Treatment:

- May experience light flaking. Most flaking usually seen as a result of the Primary/Power Pumpkin Resurfacer
- Cleanse with a mild cleanser

What to Expect Post Peel (7-10 days of downtime):

DAY 1

- Skin may be flushed with possible redness
- DO NOT apply product or wash peeled area for a minimum of 6 hours

DAY 2

- Cleanse with a mild cleanser
- Skin may feel tight and appear slightly tan
- Dryness may occur

DAYS 3-7

- Cleanse with a mild cleanser
- Peeling begins around the mouth and chin area and moves outward until complete
- Apply Post Treatment Balm as needed throughout the peeling
- DO NOT pick or pull the lifted skin. Hyperpigmentation and infection may set in as a result of pulling lifted skin.

DAYS 8-10

- Light flaking around the perimeter of the face
- May gradually re-introduce retinol/AHA products if there is no irritation and peeling has ceased
- Discontinue use of Post Treatment Balm unless skin is irritated

Post Treatment Support and Protection

Instructions:

- Wear broad spectrum sunscreen daily and be sure to reapply: ZinClear SPF 30, Youth Protection SPF 30 or SC3D Tinted Moisturizer
- Apply Post Treatment Balm to calm any irritation and help to protect new skin during the peeling process.
- Wear additional sun protection (such as a hat) if needed.

Contact Information:

Please contact our Education Department with any questions or concerns regarding any treatment. You may e-mail us at education@dermaquestinc.com, or speak with an educator at (800) 213-8100

Announcement

Please review the information regarding Resurfacers and Chemical Peels and the Informed Consent for Exfoliation Treatment forms before reading this information.

Contraindications for the DermaQuest resurfacers and chemical peels include:

- Any patient who is under a doctor or physician's care
- The use of isotretinoin (Accutane) in the past 12 months
- History of radiation to the region
- Herpes simplex or active infection
- History of hypertrophic scar formation
- Pregnancy
- Breastfeeding
- Obsessive pickers

To maximize the desirable features of a professional treatment, the use of DermaQuest's Essentials Starter Kit should be practiced for at least two to four weeks prior to the treatment for Fitzpatrick skin types I-III, and four to six weeks for Fitzpatrick skin types IV-VI. Additionally, a tyrosinase inhibitor should be added into your client's regimen for Fitzpatrick skin types IV-VI. These products will provide the support and protection your client's skin needs before undergoing professional treatment.

For one week post-chemical peel, clients should follow the DermaQuest Post-Treatment Home Care Kit regimen. All products should be applied twice daily as tolerated by skin. ZinClear SPF30 or On-The-Go Finishing Powder SPF30 should be applied everyday and reapplied every two hours for long periods of sun exposure. Until the skin is completely healed, Post Treatment Balm should be applied as needed.

During the professional treatment, Post Treatment Balm may be applied at the corners of the patient's eyes, sides of the nose and directly on the lips to prevent peeling and dryness in these areas. If a reaction occurs during a chemical peel treatment, stop and apply the Post Treatment Balm to skin immediately.

DermaQuest professional resurfacers or chemical peels may cause increased sensitivity to the skin, depending on the skin type and home care regimen. Side effects may include, but are not limited to, stinging, itching, irritation, redness, swelling, tightness, peeling and scabbing of the skin. Avoid sweating, exercising, hot baths or showers, scrubbing, picking or rubbing, which could lead to scarring.

Directly after a chemical peel, the skin may ap-

pear red and flushed immediately. On the second day, the skin may feel tight and appear tan in color. In some instances, the skin may appear blotchy. On the third day, peeling may begin around the mouth, chin, cheeks and the eyes. The neck and forehead are often the last areas to peel. Peeling usually occurs from the third to seventh day following a treatment. It is important for clients to understand the peeling process, and not to pull on loose skin. Hyperpigmentation and infection often occur when loose skin is pulled.

Products containing retinoids or alpha hydroxy acids may be gradually reintroduced once the skin is healed, usually two to three days post-resurfacer, or five to seven days post-chemical peel. Protect the skin from direct sun exposure with a broad-spectrum sunscreen post-treatment to prevent hyperpigmentation. A hat may be worn if necessary. Patient compliance with the use of daily sun protection on an ongoing basis is mandatory, especially with exfoliation treatments

The patient must cease facial waxing and the use of RetinA for one week prior to a professional resurfacer or chemical peel. Clients using benzoyl peroxide products must cease their use for three to four days prior to the resurfacer or chemical peel. Those who are prone to herpes breakouts can be referred to a physician for a prescription prior to treatments to help avoid breakouts during healing time.

Resurfacers can be performed in a series of six treatments, scheduled one to two weeks apart, twice per year.

Our chemical peels can be performed in a series of 3 treatments, scheduled three to four weeks apart, one to two times per year. To maintain the results of a chemical peel, we recommended follow-ups with monthly resurfacers or one chemical peel each quarter.

A patch test must be performed at least 72 hours before a treatment is performed.

Contact Information:

Please contact our Education Department with any questions or concerns regarding any treatment. You may e-mail us at education@dermaquestinc.com, or speak with an educator at (800) 213-8100

Consequences of deviating from DermaQuest protocols

DermaQuest protocols are designed to give you step-by-step instructions for executing our most active professional products. They are not to be altered, substituted or deviated from. Because your clients have many different lifestyles, skin types, skin conditions or disorders, completing additional training is mandatory for all therapist prior to performing any of our resurfacing and chemical peel treatments.

Training is available in 4 potential forms:

1. One-on-one webinars, conducted live specifically for you
2. Taking resurfacer and chemical peel classes at our Hayward, California training facility
3. Attending a regional class that focuses on resurfacing and chemical peel treatments in your area
4. Arranging in-house training whenever possible

Possible consequences for not strictly following all resurfacer and chemical peel protocols may include, but are not limited to, the following:

- Burns that would be similar but not restricted to a "carpet burn". This would cause medium to dark scabs and possible long-term scarring
- Possible infection of locally burned or traumatized areas
- Instant welts or hives
- Possible prolonged or chronic hyperpigmentation

Please consult your DermaQuest Business Builder for more information on classes, scheduling webinars and training.

You may also contact our education department directly to arrange a training in person or a webinar. (800) 213-8100 ext. 1006 or 1007

For classes at our Hayward facility or regional classes please see our class schedule online or contact customer service at (800) 213-8100.



Photography Release Consent Form

First Name: _____ Last Name: _____

Phone Number: _____ E-mail: _____

I, _____, certify that i allow use of my photographs: YES NO

I, _____, certify that i am over the age of 18: YES NO

I, _____, assign to Christine Alvarez RN and Down Town Beauty Bar the right to copyright photography: YES NO

I, _____, hereby consent to and authorize the use and reproduction of photography by Christine Alvarez RN and Down Town Beauty Bar LLC and my technician which you have taken of my procedure. Any proofs can be used for any purpose whatsoever by Christine Alvarez RN and Down Town Beauty Bar LLC and my Technician without further authorization from me or compensation to me. All photos shall constitute your Property, solely and completely owned to Christine Alvarez RN and Down Town Beauty Bar LLC.

I certify I have read the information and above content to my full understanding. Therefore giving all ownership and copyright ownership over to Christine Alvarez RN and Down Town Beauty Bar LLC. I understand this agreement is non-revocable and Permanent starting on the date on which you signed.

Client Signature: _____

Date: _____