STONE & SAGE
HAIR + SKIN STUDIO

Chemical Peel Consultation & Informed Consent

Required for all corrective peels, including enzyme, lactic, glycolic, salicylic, Jessner, TCA, and multi-acid blends. Please read carefully and sign before treatment.

CLIENT NAME _____ DATE _____

PEEL / SOLUTION USED _____ LAYERS & CONTACT TIME _____

FITZPATRICK SKIN TYPE (I–VI) _____ PREVIOUS PEELS & DATES _____

CONTRAINDICATION SCREENING

QUESTION	YES	NO	DETAILS
Isotretinoin (Accutane) use within the last 12 months?	☐	☐	
Prescription retinoid, acid, or exfoliant used in the last 7 days?	☐	☐	
Active cold sore, herpes outbreak, or history of frequent outbreaks?	☐	☐	
Open lesions, wounds, sunburn, or actively peeling skin?	☐	☐	
Pregnant, breastfeeding, or trying to conceive?	☐	☐	
Allergy to aspirin, salicylates, sulfa, hydroquinone, or resorcinol?	☐	☐	
History of keloid scarring, hyperpigmentation, or delayed healing?	☐	☐	
Autoimmune disease, uncontrolled diabetes, or immunosuppression?	☐	☐	
Recent facial surgery, laser, microneedling, injectables, or waxing?	☐	☐	
Radiation or chemotherapy within the last 12 months?	☐	☐	

Please circle or check Yes / No. If yes, add detail on the lines provided.

MEDICATIONS THAT MAY INTERFERE WITH PEELS

- ☐ Isotretinoin / Accutane (currently or within the last 12 months)
- ☐ Prescription retinoids — tretinoin, Retin-A, adapalene, tazarotene
- ☐ Oral or topical antibiotics (doxycycline, minocycline, tetracycline)
- ☐ Blood thinners — aspirin, warfarin, Eliquis, Plavix
- ☐ Steroids — prednisone, cortisone, topical hydrocortisone
- ☐ Hormonal medication, birth control, or fertility treatment
- ☐ Autoimmune, chemotherapy, radiation, or immunosuppressant therapy
- ☐ Diuretics, antihistamines, or acne medication of any kind

☐ Supplements, herbs, or essential oils used on the skin

LIST ALL MEDICATIONS, SUPPLEMENTS, AND TOPICAL ACTIVES

SUN, TANNING BED & SELF-TANNER POLICY

QUESTION	YES	NO	DETAILS
Sun exposure, tanning bed, or spray tan within the last 14 days	☐	☐	
Planned sun exposure, beach/lake trip, or tanning within 14 days after treatment	☐	☐	
Current sunburn, windburn, or peeling skin	☐	☐	
Daily broad-spectrum SPF 30+ use	☐	☐	

Please circle or check Yes / No. If yes, add detail on the lines provided.

Required: no sun exposure, tanning beds, spray tans, or self-tanner for 14 days before and 14 days after your peel. Recent UV exposure dramatically increases the risk of burns, blistering, and post-inflammatory hyperpigmentation. Daily broad-spectrum SPF 30+ is mandatory during your peel series. Peels may be rescheduled at my discretion if your skin shows recent sun exposure.

RISKS I UNDERSTAND AND ACCEPT

- Redness, stinging, tightness, dryness, flaking, and peeling for 3–10 days.
- Temporary darkening (frosting) of pigmented areas before they shed.
- Hyperpigmentation or hypopigmentation, particularly with sun exposure or picking.
- Cold sore or acne flare, milia, or temporary purging.
- Rare risks: blistering, infection, allergic reaction, or scarring.
- Results vary; a series of treatments is typically needed for correction.

REQUIRED AFTERCARE

- Do not pick, peel, scrub, or pull flaking skin — let it shed naturally.
- No retinoids, acids, scrubs, or exfoliating tools for 7 days.
- No heat: no hot showers, sauna, steam, intense exercise, or swimming for 48 hours.
- No waxing, threading, dermaplaning, or hair removal on the area for 14 days.
- Use only the gentle cleanser, moisturizer, and SPF recommended to you.
- Contact me right away if you see blistering, swelling, or signs of infection.

INFORMED CONSENT

I have had the opportunity to ask questions and my questions have been answered. I understand a chemical peel is an elective cosmetic procedure, that results cannot be guaranteed, and that additional treatments may be recommended. I certify that I have disclosed all medications, medical conditions, and recent sun or tanning exposure, and I accept full responsibility for following the aftercare above. I authorize Sydnie Jones to perform the chemical peel described and to take before-and-after photos for my confidential record.

☐ I CONSENT TO CONFIDENTIAL BEFORE/AFTER PHOTOGRAPHY ☐ I DECLINE PHOTOGRAPHY

ACKNOWLEDGEMENT & SIGNATURE

CLIENT NAME (PRINTED)	SIGNATURE	DATE
PARENT / GUARDIAN NAME (IF CLIENT IS UNDER 18)	GUARDIAN SIGNATURE	DATE
PROVIDER — SYDNIE JONES, LICENSED COSMETOLOGIST & ESTHETICIAN		DATE