

FACIAL CLIENT CONSULTATION FORM

- PERSONAL & CONFIDENTIAL -

Name: _____ **Gender:** _____ **Date:** _____
Address: _____ **City:** _____ **ZIP/Postal:** _____
Phone #: _____ **Age:** _____ **Occupation:** _____
Esthetician: _____ **Referred By:** _____

Do you have any allergies to food, cosmetics, or drugs? Yes No

If yes, please list: _____

Do you have any of the following:

Sunburn Moles Eczema Phlebitis Psoriasis High Blood Pressure
 Asthma Diabetes Skin Cancer HIV Hepatitis Heart Problems
 Epilepsy Lupus Hemophilia Other: _____

Are you pregnant? Yes No **On birth control / hormone replacement?** Yes No

Are you taking any medications? Yes No **If yes, please list:** _____

Are you under the care of a skin care therapist, physician, or dermatologist? Yes No

Are you or have you been using or taking any of the following? Acne Medication

Vitamin A Therapies **Products Containing:** Hydroquinone Alpha Hydroxyl

Have you had any of the following procedures?

Laser Resurfacing Chemical Peel Botox or Collagen Injections
 Other: _____ **Date of Last Treatment:** _____

Have you had a facial before? Yes No **Date of Last Facial:** _____

Do you have any areas of concern? _____

How does your skin react to the sun? _____

Do you experience frequent blemishes? How frequently? _____

Have you ever experienced burning, itching, redness, or irritation? _____

What products do you currently use? Soap Cleanser Toner Exfoliate or Scrub
 Mask Moisturizer Sunscreen **What brand name?** _____

Client Signature _____

FACIAL CLIENT CONSULTATION FORM

- ESTHETICIAN NOTES -

Service Rendered: Facial Chemical Peel Microdermabrasion

SKIN EVALUATION

Photos Taken: Yes No **Fitzpatrick:** _____ **Glogau Level:** _____

Skin Texture: Thin Medium Thick

Skin Tone: Pink Olive Asian Tan Brown/Black

Skin Type: Normal Normal to Dry Normal to Oily T-Zone (Combination)

Pigmentation: Even Lentiginos Solar Lentigo Melasma Solar Keratosis Other

Elasticity: Good Relaxed Poor

Rhytides: Superficial (Fine Lines) Deep Lines

Condition: Acne Sensitive Aging Dehydrated

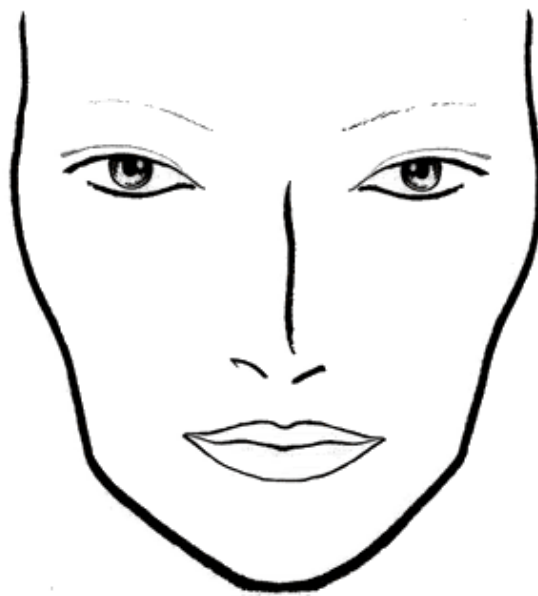
Couperose Rosacea Congested/Asphyxiated

Lesions: Comedones Papules Milia Nevus Telangiectasias

Regions Found: Nose T-Zone Cheeks Eye Area All Over Face

Sebaceous Secretions: Normal Hyper Hypo Seborrhea

ADDITIONAL NOTES



FACIAL CLIENT CONSULTATION FORM

- ESTHETICIAN NOTES -

TREATMENT RECORD

Date	Treatment (Service and Products Used)	Products Purchased

ADVANCED TREATMENT TRACKING

Treatment #1

Chemical Peel: _____% PH _____ Time Left on Skin _____ Client Level of Activity _____

Microdermabrasion: Intensity _____ Grit of Bit _____ # of Passes _____

Results: _____

Treatment #2

Chemical Peel: _____% PH _____ Time Left on Skin _____ Client Level of Activity _____

Microdermabrasion: Intensity _____ Grit of Bit _____ # of Passes _____

Results: _____

Treatment #3

Chemical Peel: _____% PH _____ Time Left on Skin _____ Client Level of Activity _____

Microdermabrasion: Intensity _____ Grit of Bit _____ # of Passes _____

Results: _____