

# SKIN CARE CONSULTATION FORM

## PATIENT/CLIENT INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR CONSULTATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SKIN TYPE AND CONCERNS

\_\_\_ NORMAL                      \_\_\_ HYPO/HYPER PIGMENTATION

\_\_\_ DRY                              \_\_\_ COMEDONES (BLACKHEADS)

\_\_\_ OILY                              \_\_\_ MILLIA (WHITEHEADS)

\_\_\_ ACNE                              \_\_\_ BROKEN CAPILLARIES

\_\_\_ DEHYDRATED                      \_\_\_ SCARS

\_\_\_ FINE LINES                      \_\_\_ WRINKLES

OTHER \_\_\_\_\_

## HEALTH CONDITIONS

ARE YOU PREGNANT OR TRYING TO BECOME PREGNANT? Y\_\_\_ N\_\_\_ DO YOU SMOKE? Y\_\_\_ N\_\_\_

DO YOU USE RETIN-A? Y\_\_\_ N\_\_\_ FOR HOW LONG? \_\_\_\_\_

HAVE YOU EVER USED ACCUTANE? Y\_\_\_ N\_\_\_ FOR HOW LONG? \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

ANY CHRONIC PROBLEMS \_\_\_\_\_

## SKIN CONDITIONS

\_\_\_ ROSACEA                      \_\_\_ COLD SORES                      \_\_\_ ECZEMA                      \_\_\_ PSORIASIS                      \_\_\_ WARTS  
\_\_\_ DERMATITIS                      \_\_\_ RECENT RADIATION OR CHEMOTHERAPY TREATMENT                      \_\_\_ RECENT SURGERY (DATE)

OTHER \_\_\_\_\_

## CURRENT TREATMENTS (DATE OF LAST PROCEDURE)

ELECTROLYSIS \_\_\_\_\_ LASER \_\_\_\_\_ CHEMICAL PEEL \_\_\_\_\_ WAXING \_\_\_\_\_  
MICRODERMABRASION \_\_\_\_\_ DEPILATORIES \_\_\_\_\_ SURGERY \_\_\_\_\_

OTHER \_\_\_\_\_

## TREATMENT PLAN (TO BE COMPLETED BY PHYSICIAN/ESTHETICIAN)

### MORNING

CLEANSER: \_\_\_\_\_

TONER: \_\_\_\_\_

MOISTURIZER: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

MASK: \_\_\_\_\_

OTHER: \_\_\_\_\_

### EVENING

CLEANSER: \_\_\_\_\_

TONER: \_\_\_\_\_

MOISTURIZER: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

MASK: \_\_\_\_\_

TOPICAL TREATMENT PLAN: \_\_\_\_\_

PROFESSIONAL IN-CLINIC-SPA TREATMENT PLAN: \_\_\_\_\_

ESTHETICIAN / PHYSICIAN SIGNATURE

DATE

CLIENT SIGNATURE

DATE



HYLUNIA