



FACIAL TREATMENT CONSULTATION FORM

(continued)

SKIN ANALYSIS

Skin type:

- Normal
- Oily
- Dry
- Sensitive
- Combination

Pores:

- Fine
- Dilated
- Comedones
- Milia

Moisture content:

- Excellent
- Good
- Fair
- Poor

Elasticity:

- Excellent
- Good
- Fair
- Poor

Acne:

- No
- I
- II
- III
- IV

Skin Sensitivity:

- Normal
- Sensitive
- Hyper sensitive

Face Lines (Glogau Scale):

- I-None
- II - Wrinkles in Motion
- III- Wrinkles at rest
- IV- Mostly Wrinkles

SKIN CONCERNS

What are your skin concerns? (check that all apply)

- | | | |
|--|---|---|
| <input type="radio"/> Acne, breakouts | <input type="radio"/> Sun damage | <input type="radio"/> Eczema |
| <input type="radio"/> Blackheads | <input type="radio"/> Age spots | <input type="radio"/> Skin redness |
| <input type="radio"/> Dry skin | <input type="radio"/> Melasma | <input type="radio"/> Puffy eyes |
| <input type="radio"/> Oily skin | <input type="radio"/> Scars | <input type="radio"/> Uneven skin tone |
| <input type="radio"/> Dull skin | <input type="radio"/> Keratosis pilaris | <input type="radio"/> Uneven skin texture |
| <input type="radio"/> Dehydrated skin | <input type="radio"/> Ingrown hairs | <input type="radio"/> Premature aging |
| <input type="radio"/> Fine lines and wrinkles | <input type="radio"/> Razor burn | <input type="radio"/> White heads |
| <input type="radio"/> Hyperpigmentation (dark spots) | <input type="radio"/> Rosacea | <input type="radio"/> Other |

If 'Other', please detail: _____

Do you have any known allergies? Yes No

If 'Yes', please detail: _____

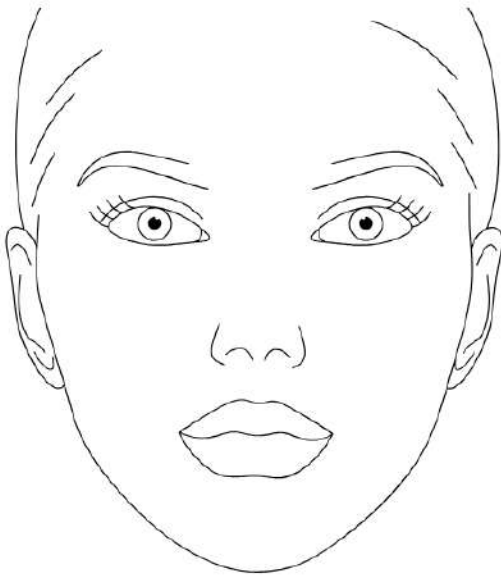
List any previous treatments:



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SKIN DISORDERS/CONDITIONS (MARKED ON DIAGRAM)



NOTES

Acne	A	Comedones	C	Thin	T
Asphyxiated	As	Milia	Mi	Warts	W
Breakout activity	Br	Mole	Mo	Deep lines	DL
Broken capillaries	BC	Sensitivity/redness	S/R	Hyperpigmentation	H+
Discoloration	D	Rosacea	R	Hypopigmentation	H-
Dilated capillaries	DC	Scars	Sc	Photo aging	A
Keloid	K	Skin tags	ST	Psoriasis	Ps
Open Pores	OP	Spider veins	SV	Pustules	Pu
Oily	O	Sunburn	Su	Papules	Pa

CLIENT NAME (PRINTED):

CLIENT NAME (SIGNATURE):

DATE: