



Skin Care Treatment Chart

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

Exposure To The Sun: Never Light Moderate Excessive

Do You Cleanse Your Face? Type _____ Brand _____

Do You Use a Home Care Regimen? Yes, Please Specify Brand: _____ NO

Any Burning or Itching of Your Skin? Yes, Please Specify Area: _____ NO

Skin Condition:

Skin Type:	Dry Skin	Normal Skin	
	Partially Oily Skin	Oily Skin	
Circulation Problems:	Couperose	Erythrose	Rosacia
Precise Area:	Nose	Cheeks	Chin
	Forehead	Entire Face	
Aging Signs:	Bottom of the chin	Crows feet	Lines around lip
	Fine lines throughout face	Deep expression lines	Droopy eye lids
Other Problem(s):	Light freckles	Dark & heavy freckles	Birthmarks
	Discoloration patches	Double Chin	Droopy neck
	Sensitivity around mouth area		Blemish

Other Information & Comments: _____

Current / Previous Facial Treatment Procedures: _____

Current Medications: _____

Areas of Concern: _____

Treatment Goals: _____

Skin Care Treatment Chart

Contraindications:

Epilepsy
Pregnancy
Lactation
Heart Condition / Pacemaker
Cancerous Lesions
Lack of Skin Sensation
Metal Pins & Plates
Skin Diseases
Allergies to Metals
Diabetes
Thrombosis & Phlebitis
Any Acute Medical Condition
Recent Operations
Retin A
Currently taking Medications

Recommendations:

No Treatment
No Treatment
No Treatment
No Treatment
No Treatment
No Treatment
No Treatment
Obtain Physician's Consent
No Treatment
No Treatment
No Treatment
Obtain Physician's Consent
6-8 Weeks for Facial Scars
8-12 Weeks for Scars on Body
Use lowest power setting (Initially)
Obtain Physician's Consent

By signing below, I verify that I am in good physical condition and the information documented is accurate and complete. I have no physical restriction, condition or disability which may prevent me from receiving the prescribe treatments. I hereby give my consent to have the recommended procedures performed on me.

Signature: _____ Print Name: _____ Date: _____

Technician Signature: _____ Date: _____

Photographic Consent Form

I authorize my technician or any of his or her designated assistants to take photographs of me at any point in my skin care management as is considered necessary for my client records. I authorize my technician if he or she deems necessary to use my photographs and any related information for publication in professional journals and advertising. Identifying features may be visible but my identification and name will not be published without my approval.

Signature: _____ Print Name: _____ Date: _____

Technician Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Skin Care Treatment Chart

Treatment Evaluation and Recommendations (s): _____

Skin Conditions (per following chart): _____

Problem ? Conditions (per following chart): _____

Recommended Facial Treatments: _____

Skin Analysis Chart

Sensitive Skin: Slightly dehydrated, uneven skin tone, red blotches, visible irritation and visible pores

Aged Skin: Aging skin exhibiting lines, etc.

Dry Skin: Severe surface dehydration. Visible scaling (on fare skin you will notice light purple patches).

Oily Skin: excessive sebum on the surface of the skin, enlarged pres, visible comedones.

Combination Skin: Excessive oil in the T-zone area, dry patches on cheeks, enlarged pores.

Blemishes:

Grade 1: Up to 15 visible comedones and minimal congestion.

Grade 2: 15-30 comedones, , congestion, 1-3 pimples on surface.

Grade 3: Excessive comedones, pustules, milia and cysts

Grade 4: Excessive pustules, milia, comedones, extreme cysts.

Concerns & Problem Areas

Dyschromia

Fine Lines

Blemishes

Aged Skin

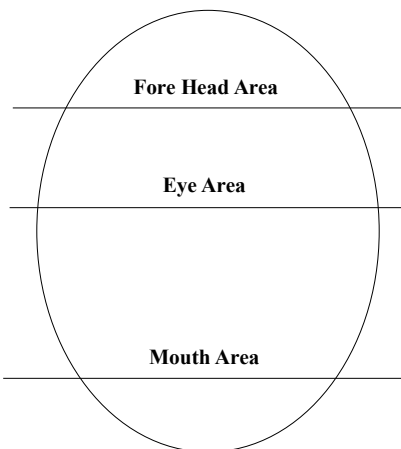
Poor Circulation

Poor Skin Color

Dry Skin

Poor Skin Tone

Oily Skin



Please use this drawing to indicate specific problem areas (i.e., blemishes,lines, aged skin, etc.).

Contraindications Chart

Products	Allergies to Sulphers	Allergies to Shellfish, Iodine, Seaweed	Allergies to Royal Jelly Extract or products produced by Bees	Allergies to Nuts: Almonds
Milk Cleanser N/D				
Milk Cleanser C/O				
Gel Toner C/O				
Day Cream C/O				
Night Cream C/O				
Super Hydrating Cream				
Eye Cream				
Hydrating Mask N/D				
Hydrating Mask C/O				
Face Firming Retail & Prof.				
Body Contouring Cream				
Oxygen Powder Enzyme Mask N/D				
Oxygen Powder Enzyme Mask C/O				
Exfoliant Activator				
Oxygen Activator				
Vitamin K Serum				
Body Contouring Oxygen Powder Enzyme Mask				
Body Firming Oxygen Powder Enzyme Mask				