Skincare Therapy Pre-Treatment Evaluation

Full Name: _____
Address: _____
_____
Phone: _____
E-Mail: _____
Birthday: _____/_____/_____

Skincare Regimen

Please check the items you use regularly:

☐ Makeup Remover ☐ Soap ☐ Cleanser ☐ Night Cream

☐ Toner ☐ Masque ☐ Eye Cream ☐ Day moisturizer

☐ Exfoliant ☐ Sunscreen ☐ Serum ☐ Other: _____

Is this your first professional spa facial treatment? ☐ Yes ☐ No

What conditions do you frequently note about your skin? (product allergies, tightness, dryness, oiliness, congestion, sensitivity)

Circle your level of stress: Low…….Medium……..High
1 2 3 4 5 6 7

General Medical Background

Are you currently under a Dermatologist's care? ☐ Yes ☐ No

If yes, is the doctor prescribing any systemic/topical medication? ☐ Yes ☐ No
Please list:_____

Have you ever received cosmetic surgery? ☐ Yes ☐ No
(This includes botox, microdermabrasion, chemical peels, recent surgical stitches, etc.)
If yes, please list:_____

Do you have a Pacemaker or any metals in your body? ☐ Yes ☐ No

Please check if you have any of the following health conditions:

☐ Asthma ☐ Arthritis ☐ Diabetes ☐ Cancer

☐ Heart Disease ☐ Hepatitis ☐ Hormonal Conditions ☐ HIV

For Female Clients Only

Are you pregnant or trying to become pregnant? _____
Are you taking oral contraception? _____
Are you lactating? _____

Client Signature: _____ Date: _____

*** Please note that it is extremely important to inform me during your course of treatment of any changes in the usage of all medications including Accutane, Retin-A, and other prescribed medications. This is for your protection and safety.**

Skin Diagnosis (for skincare therapist only):

Skin Type: ☐ Dry ☐ Oily ☐ Combination ☐ Other:

Sensitivity: ☐ Low ☐ Medium ☐ High

Skin Condition: ☐ Dehydrated ☐ Keratinized ☐ Elastic

☐ Capillary Fragility: ☐ Good
☐ Hot Redness
☐ Cold Redness
☐ Capillary Distention

☐ Color: ☐ Hyper-Pigmentation ☐ Hypo-Pigmentation ☐ Sallowness ☐ Ruddiness

☐ Congestion: ☐ Closed Comodones ☐ Open Comodones ☐ Papules ☐ Rosacea

Treatment: ____/____/____

Notes:

_____

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Treatment: ____/____/____

Notes:

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