

CLIENT CONSULTATION CARD

Family Name:	First Name:	Telephone:
Address:	Postal Code:	Occupation:
e-mail:	Date of Birth:	

Are you suffering from any of the following? (Please Check)

- | | |
|---|--|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Circulatory disorders |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> High or low blood pressure |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Thrombosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Oedema | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Herpes I (cold sores) |
| <input type="checkbox"/> Mold/Fungus (on hands or feet) | <input type="checkbox"/> any other communicable disease(s) |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Do you have a pace maker |
| <input type="checkbox"/> Bacterial Infections (Impetigo) Ringworm | <input type="checkbox"/> Are pregnant |
| <input type="checkbox"/> Heart conditions | |

****If you are suffering from AIDS or are HIV+, please inform us.*** I understand and recognize the importance of the information provided to ensure my protection and the smooth running of the esthetic treatments I will be receiving. Consequently, I confirm this information to be correct according to my present knowledge.

Client Signature: _____ Date: _____

Detailed Skin Analysis - For Esthetician use only: Check mark (✓)

Lipid System	
<ul style="list-style-type: none"> • Normal Secretion <input type="checkbox"/> • Low Secretion (Dry) <input type="checkbox"/> • Profuse Secretion (Oily) <input type="checkbox"/> • Seborrhic Skin <input type="checkbox"/> • Asphyxiated Skin <input type="checkbox"/> • Comedones <input type="checkbox"/> 	<ul style="list-style-type: none"> • Papules/Pustules <input type="checkbox"/> • Acne <input type="checkbox"/> • Milia <input type="checkbox"/> • Sebaceous Cyst <input type="checkbox"/> • Scars <input type="checkbox"/> • Pore Sizes <input type="checkbox"/>
Hydric System	
<ul style="list-style-type: none"> • Normal Hydration <input type="checkbox"/> • Superficial Dehydration <input type="checkbox"/> • Deep Dehydration <input type="checkbox"/> 	<ul style="list-style-type: none"> • Fine lines <input type="checkbox"/> • Wrinkles <input type="checkbox"/>
Peripheral Vascular System	
<ul style="list-style-type: none"> • Normal <input type="checkbox"/> • Erythrosis (Unusual Red Skin) <input type="checkbox"/> • Couperosis (Broken Capillaries) <input type="checkbox"/> • Telangiectasia (Dilation of Capillaries) <input type="checkbox"/> • Rhinophyma (Acne Rosacea) <input type="checkbox"/> 	<ul style="list-style-type: none"> • Telangiectatic Wart (Elevated) <input type="checkbox"/> • Angioma (Tumor Composed of Blood) <input type="checkbox"/> • Spider Angioma (Nevus) <input type="checkbox"/> • Cyanosis (Purple Blush Discoloration) <input type="checkbox"/>
Keratinization	
<ul style="list-style-type: none"> • Normal <input type="checkbox"/> • Hypokeratinization <input type="checkbox"/> • Hyperkeratinization <input type="checkbox"/> • Psoriasis <input type="checkbox"/> 	<ul style="list-style-type: none"> • Scales <input type="checkbox"/> • Furfur (Dandruff) <input type="checkbox"/> • Sores <input type="checkbox"/> • Eczema <input type="checkbox"/>

Texture of Skin

- Smooth
- Irregular
- Rough

Thickness of Skin

- Normal
- Thick
- Thin

Sensitivity of The Skin

- Normal
- Reactive
- Intolerance
- Itching
- Sensitive
- Hypersensitive
- Burning Sensation
- Duration of Symptoms

Skin Tone

- Firm
- Mild Skin Atony
- Moderate Skin Atony
- Severe Skin Atony

Natural Skin Pigmentation & Complexion

- Light / Pale
- Medium
- Dark
- Olive
- Reddish
- Sallow
- Pinkish
- Golden

Tanning

- Easy
 - Difficult
 - Average
 - Sun Skin Type : Circle one
 - Allergy to Sun
 - Tanned
 - How Often Does She/He Tan?
- I II III IV V VI

Pigmentation Abnormalities

- Vitiligo
- Pigmentary Naevus
- Freckles
- Choasma
- Senile Lentigo (Age Spots)
- Other

Irregularities

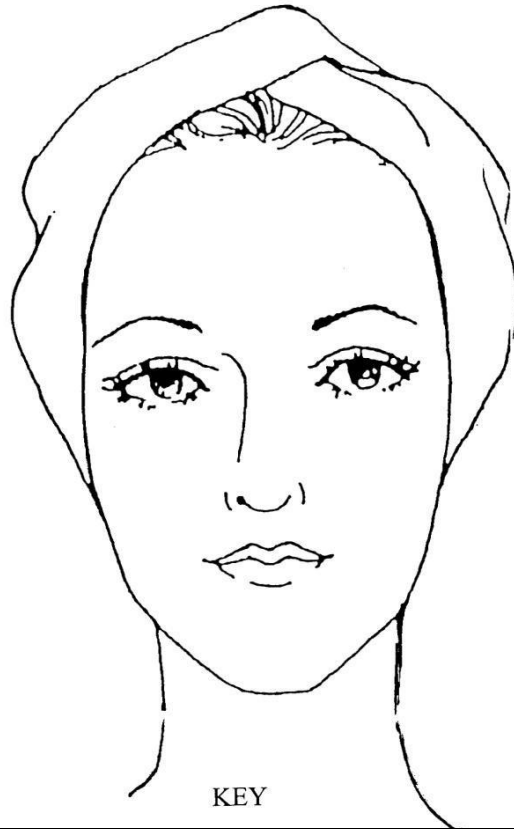
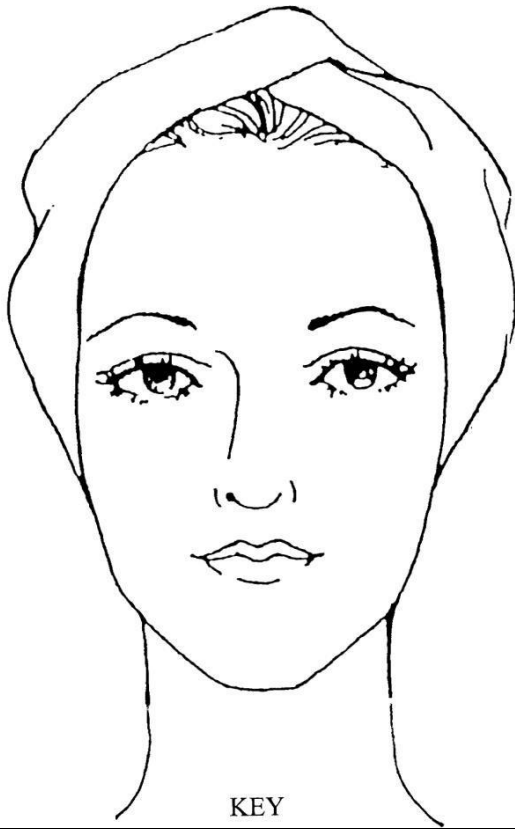
- None
- Polyps
- Other
- Warts
- Hairy Moles
- Moles
- Portwine/Strawberry Stains

Hair System

- Sparse Hair (Few)
- Whiskers (Hypertrichosis)
- Beard (Hirsute)
- Normal Down (Lanugo)
- Abundant Down

Hand, Foot & Nail Analysis

- Healthy Finger Nails
- Healthy Toe Nails
- Visible Marks on nail Plate
- Brittle or Peeling (onycholysis)
- Thin Nails (eggshell)
- Thick Nails (onychauxis)
- Nail Fungus
- Warts
- Athlete's Foot
- Any Visible Disorders
- Condition of Soles
- Condition of Cuticle



Date	Service procedures & products used during facial	Products recommended for home use	Future treatments