

## Client Treatment Plan

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

*I recommend the following professional treatments for you to help achieve the results you desire:*

Treatment Type: \_\_\_\_\_

Schedule every \_\_\_\_ days/weeks Date scheduled: \_\_\_\_\_

\_\_\_\_ Series recommended of \_\_\_\_ # of treatments

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### **Home Care**

\_\_\_\_ Cleanser: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Exfoliant: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Serum: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Serum: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Moisturizer: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ SPF: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Repair Tx: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Mask: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Mask: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Spot Tx: \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_ How often: \_\_\_\_\_

If you have any questions about your treatment plan, or when and how to use your home care products, please contact me any time. Your treatment plan may change depending on the rate of progress and changes in your skin.

\_\_\_\_(initial) I understand that to achieve maximum benefits and maintain the results from my professional treatments, home care product use as outlined above is essential.

\_\_\_\_ I commit to my success by pledging to wear sunscreen daily.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Esthetician's signature