

CLIENT INFORMATION Continued

For a more effective, personalized treatment, please be as accurate as possible when filling out the following information

ALL ABOUT YOUR SKIN

What type of skin do you have? Please select all that apply.

- Normal Dry Oily Sensitive Mature
- Rosacea Breakouts Acne Combination

What skin conditions would you like to improve? Please select all that apply.

- Acne Enlarged Pores Hyper-pigmentation/Brown Spots
- Blackheads Sun Damage Fine Lines / Wrinkles
- White Heads Other _____

Please select any of the products you are currently using:

- Retinoid / Retin-A Hydroquinone Glycolic / Alpha Hydroxy Acid
- Tazorac Differin Topical Vitamin C
- Other _____

Have you ever been prescribed Accutane? yes no If yes, last date used _____

Have you recently received any of the following? If yes, please specify **date**.

- Microdermabrasion _____ Chemical Peel _____
- Lash Tint _____ Dermaplaning _____
- Brow Tint _____ Micro-needling _____
- Facial Waxing _____ Botox Injections _____

Do you suffer from allergies? yes no
If yes, please specify _____

When exposed to the sun do you?

- burn easily tan easily
- never burn never tan

Choose your Facial:

- Raving Beauty's "Top Notch" Facial Plant Peel Facial Signature Custom Facial
- Back Facial Express Facial

Client Name (please print)

Client Signature

Day/Month/Year

Skincare Professional

FOR PROFESSIONAL USE

SKINCARE AND FACIAL PERSONAL CLIENT INFORMATION

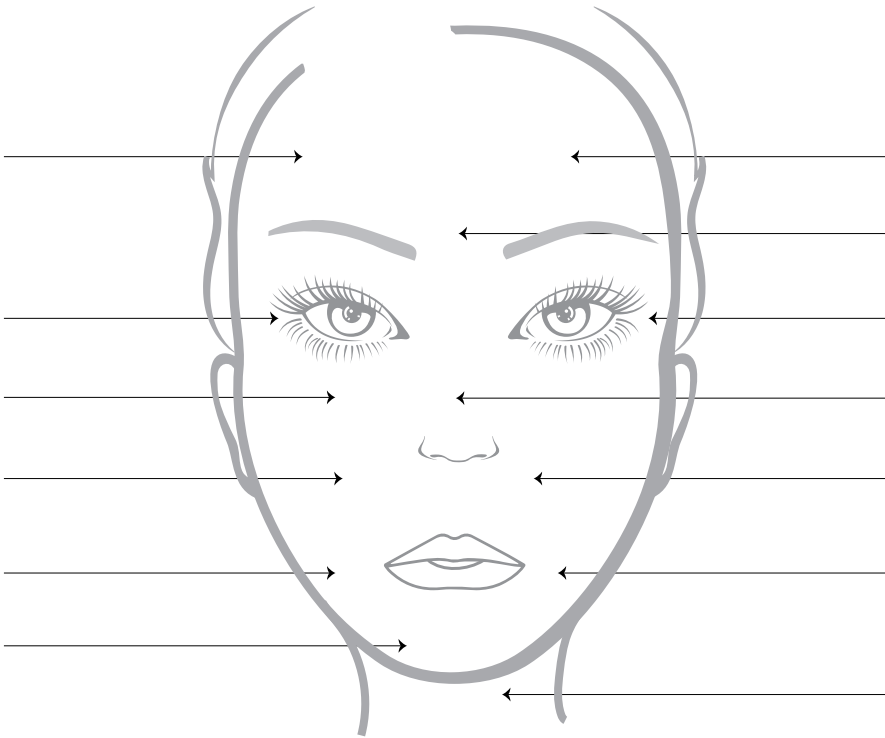


FILE

File Categorically by
First Letter Of
Clients Last Name

CLIENT FULL NAME

PERSONALIZED SKIN CHART/NOTES



SKIN ANALYSIS: Select if / where appropriate

Moisture Content: Excellent Good Fair Poor

Sensitivity: High Medium Low

Pores: Comodones Dilated Fine Milia

Circulation: Good Normal Poor

TREATMENT DETAILS

PRODUCTS USED

TREATMENT INCLUDED (ie. cleanse, massage, mask etc)

FOLLOW UP:

PRICING

Base Price: _____

+ ADD ONS

TOTAL: _____