

CLIENT INFO

Name

Date

Address

Phone

Email

PERSONAL INFORMATION

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have any health problems or concerns that we need to be aware of before we begin this treatment? If the answer is yes, please describe. | ☐ | ☐ |
| <hr/> | | |
| 2. Are you pregnant? | ☐ | ☐ |
| 3. Any recent surgery on your face, neck and shoulders? | ☐ | ☐ |
| 4. Do you smoke? | ☐ | ☐ |
| 5. Have you taken Accutane® within the past 12 months? | ☐ | ☐ |
| 6. Have you used Retin-A®/Renova®, or any powerful alpha hydroxy acids within the past 3 months? | ☐ | ☐ |
| 7. Have you had a medical peel within the past 6 months? | ☐ | ☐ |
| 8. Do you have a pacemaker or any pins in bones? | ☐ | ☐ |
| 9. Do you currently wear contact lenses? | ☐ | ☐ |
| 10. Are you currently under a physician's care for any skin condition? If the answer is yes, please describe. | ☐ | ☐ |
| <hr/> | | |
| 11. Have you ever had an adverse reaction to a cosmetic product or ingredient? If the answer is yes, please describe. | ☐ | ☐ |
| <hr/> | | |
| 12. Have you ever had an adverse reaction to a skin care treatment? If the answer is yes, please describe. | ☐ | ☐ |
| <hr/> | | |
| 13. What are your skin concerns and challenges? | | |
| <hr/> | | |
| 14. What are you currently using on your skin? | | |
| Daytime | | Evening |
| <hr/> | | |
| Weekly / Special Treatments | | |
| <hr/> | | |
| 15. My esthetician may choose to use surface peeling products during my facial and I give consent. | | |

Client Signature _____ Date _____ Esthetician's Initials _____ Date _____

SKINREADING REVIEW

2nd visit: _____ Date _____

3rd visit: _____ Date _____

4th visit: _____ Date _____

SKIN TYPE

☐	☐	☐	☐	☐	☐	☐
Very Dry	Dry	Combination	Oily	Very Oily	Acne	Sensitive
- No t-zone oil is present - Pores appear invisible - Thin and fragile skin texture	- Very minimal t-zone oil is present - Has a few visible pores on the nose - Thin textured	- Moderate t-zone oil is present a few hours after cleansing - Has visible pores in the t-zone - Clogged pores may be present	- Wide t-zone gets oily within a few hours after cleansing - Visible pores on t-zone and cheeks - Clogged pores are present	- Entire face gets oily shortly after cleansing - Many large visible pores on t-zone and cheeks - Many clogged pores are present	- Pores are clogged (blackheads/whiteheads) - Skin has multiple breakouts - May have visible inflammation and redness	- Skin appears flushed or red - Skin may appear flaky and dry - Skin may form red blotches when touched

CONCERNS

Eyes

- | | | |
|---|--|---|
| ☐ Crows feet (CF) | ☐ Sagging lids (SL) | ☐ Puffiness (P) |
| ☐ Undereye bags (UB) | ☐ Dark circles (DC) | ☐ Crepey skin (CS) |

Lips

- | | | |
|--|--|--|
| ☐ Dry lips (DL) | ☐ Peeling lips (PL) | ☐ Vertical lines (VL) |
|--|--|--|

Skin

- | | | |
|---|---|---|
| ☐ Aging skin (AS) | ☐ Flakiness (F) | ☐ Breakouts (B)
<i>Papules</i>
<i>Pustules</i> |
| ☐ Lines (L) | ☐ Neck creases (NC) | ☐ Post-acne dark spots (PA) |
| ☐ Surface wrinkles (SW) | ☐ Sagging neck (SN) | ☐ Scarring (S) |
| ☐ Poor elasticity (PE) | ☐ Enlarged pores (EP) | ☐ Pigmented spots (PS) |
| ☐ Dehydration (D) | ☐ Excess oil (EO) | ☐ Redness (R) |
| ☐ Dull skin (DS) | ☐ Milia (M) | ☐ Visible capillaries (VC) |
| ☐ Smoker's skin (SS) | ☐ Clogged pores (CP)
<i>Blackheads</i>
<i>Whiteheads</i> | |
| ☐ Environmentally stressed skin (ES) | | |



BIOELEMENTS®
PROFESSIONAL SKIN CARE