Client Name: _____ Date: _____

Informed Consent Signed Yes No

Concerns:

_____

_____

Desired outcome of treatment:

_____

_____

Medical History Received? Yes No

Before/after photos taken? No Yes

Skin Analysis:

_____

_____

_____

Services Provided: _____

Areas Treated: Neck Face Body: _____

Products used in treatment:

_____

_____

Cleanser: _____ Scrub: _____

Exfoliation: _____ Skin prep/toner: _____

Other:

_____

Notes:

_____

_____

_____

Dermaplaning Microdermabrasin Enzyme Peel

Peel: _____ # of layers: _____ Time on tissue: _____ Heat Level: _____

Extractions: Yes No

Mask: Yes No

Details:

_____

Other Modalities:

Steam	Clarisonic High	Skin Scrubber	MicroCurrent
MicroNeedling	Frequency	Galvanic	Ultrasound
Oxygen Infusion	LED		UltraSonic

Other:

_____

Serum(s): _____ Eye Cream: _____

Moisturizer: _____ SPF: _____

Notes:

_____

_____

_____

Recommended Products:

_____

_____

_____