

CLIENT BRIEF FORM FACIAL & SKINCARE

CLIENT NAME:

DOMEIRACHIRINOS.COM

FACIAL & SKINCARE CLIENT INTAKE FORM

CLIENT INFORMATION

ame:		Date:			
nte of birth:	Age:	Female _ Male _ N			
ddress:					
ty:	State:	Zip:			
		Phone #:			
·	r email list for news and exclusive o	offers? Yes No			
MEDICAL HISTORY Do you have or have you had an	y of the following conditions? If yes, ple	ase select them:			
Acne	Herpes	Low blood pressure			
Arthritis	Hepatitis	Lupus			
Asthma	High blood pressure	Metal bone pins/plates			
Blood disorder	HIV/AIDS	Phlebitis, blood clots			
Cancer	Hyper pigmentation	Seizure disorder			
Diabetes	Hypo pigmentation	Skin disease/lesions			
Eczema	Hysterectomy	Seborrhea			
Epilepsy	Immune disorders	Thyroid condition			
Fever blisters	Insomnia	Varicose veins			
Heart condition	Keloid scarring	Warts			
Any other condition:					
	Notes:				

CLIENT INTAKE FORM

Any kno	own allergies? No		Yes:							
•	medications you take re	gula	arly, inclu	ıding vitar	nir	ns, herbal	l sup	oplen	nent	s, aspirin:
Any rece	ent surgery, including pla	asti	c surgery	? N	0	Yes,	exp	lain:		
Are you	pregnant or trying to be	econ	ne pregna	ant?	N	No .	Yes			
	ı ever had a facial treatm ease explain:	neni	t before?	No	[Yes				
What wo	ould you like to achieve f	fron	n your tre	eatment to	da	y?				
		P		KIN CAR Current Prod		s You Use:				
	Eye Make-Up Rer	move	er	Eye Crea	m			Ma	sk	
	Cleansing Cream			Day Cream				Facial Scrub		
	Facial Soap			Night Cream				Exfoliants		
	Skin Toner/ Astringent			Neck lotion				Body Lotion		
	Body Soap			Hand cre	eam			Вос	dy Scr	rub
			SK	IN HISTO) R	Y				
	What is your skin type?]	Normal	Oily		Dry		Combo)	Unsure
	Your exposure to the sun?			Never		Light	N	Moder:	ate	Excessive
	What type of foundation do you wear?			Liquid		Cream	P	owde	r	None
	How does your skin heal?			Fast		Slow	S	cars		Pigments
	Do you get bruises easily?			No		Yes				
			SKI	N CONCE	ERI	NS				
	Acne		Dryness/D	ull Slein		Milia			Sanc	itivity
	Blackheads		Eczema	GII OKIII		Oily Ski	n			Damage
	Broken Capillaries		Fine lines/	Wrinkles		Psoriasis				Skin
	Comedones		Hyper pigr			Redness				ranted Hair
	Cherry Angioma		Hypo pign			Rosacea			Othe	
	Discoloration		Keloids			Scarring				

FACIAL & SKINCARE CLIENT INTAKE FORM

Have you ever used acne medication?	No Yes
If yes, when?	Which drug?
· ´	in-A, Renova, AHA's or Retinol/Vitamin A derivative cribe:
	Collagen injections in the last 6 months?
$D_{ij} = i \cdot m_i$	ing 1, 1, 1,,,,,
I have completed this form truthfully a changes in the above information. I ag treatment unsuitable. I agree to waive	ing below, you agree to the following: Indicate the best of my knowledge. I agree to inform the technician of any Indicate the secondition of the secondition of any Indicate the requested of the secondition of my health. Indicate the secondition of my health.
Esthetician (signature)	Client Name (signature)
Date	

CLIENT CONSENT FORM

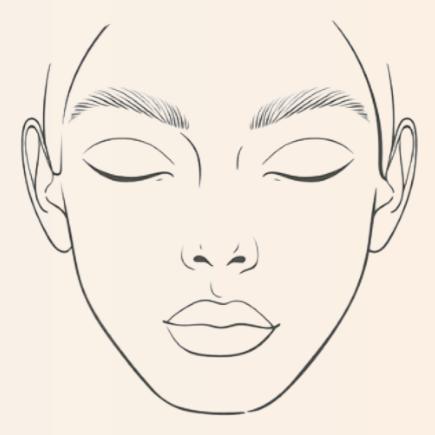
Date

FACIAL & SKINCARE TREATMENT RECORD

CLIENT INFORMATION

			Date: _
	Mail:		
	SKIN AN	ALYSIS	
Skin type:			
Normal	Oily	Dry	Sensitive
Combinati	ion		
Pores:			
Fine	Dilated	Comedones	Milia
Moisture conte	nt:		
Excellent	Good	Fair	Poor
Elasticity:			
Excellent	Good	Fair	Poor
Acne:			
No			
I	II	III	IV
Skin sensitivity	<i>:</i>		
Normal	Sensitive	Hyper sensit	tive
Fine lines (Glog	gau scale):		
I - None		II - Wrinkle	s in motion
III - Wrinl	des at rest	IV - Mostly	wrinkles

TREATMENT RECORD



Known allergies:	Life style: Active Sedentary
Medications:	NOTES
Previous treatments:	

SKIN TYPE GUIDE



NORMAL

Balances, clear and not sensitive



SENSITIVE

May burn or itch after using certain cosmetics and skincare porudets.

Can also react with redness



COMBINATION

Drier in some places (mostly cheeks) and oil in others such as T-zone



DRY

Flaky, scaly or rough patches on the face and/or body



OIL

Shiny, greasy looking, most likely to have visible enlarged pores

FACIAL & SKINCARE CLIENT RECORD

Date	Treatments	Products	Notes	Price