

A photograph of three women of diverse ethnicities embracing each other. The woman on the left has dark curly hair and is wearing a white lace-trimmed top. The woman in the middle has dark hair and is wearing a white tank top. The woman on the right has reddish-brown hair and is wearing a white top. They are all looking down with their eyes closed, conveying a sense of comfort and support.

CONSULTATION BOOKLET

CLIENT NAME

CLINICIAN



YOUR CONSULTATION

Form

YOUR DETAILS

Client Full Name

Birthday Occupation

Mobile number Email

Postal Address

Preferred method of contact: mobile email mail

Emergency contact: Email

How did you hear of us?

CORE CONCERNS

What are your main areas of concern on your body?

GENERAL MEDICAL HISTORY

Are you pregnant or trying to become pregnant: Y N

Do you have any Flu like symptoms, or have you recently had the flu? : Y N

Are you currently under a doctor's care and or do you have a current or chronic medical illnesses?: Y N

Are you currently under a doctor's care, had surgery and or do you have a current or chronic medical illness?: Y N If yes, please provide details:

Do you suffer from : Eczema Dermatitis Hayfever Sinus Allergies

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LIFESTYLE

Do you smoke: Y N If yes, how many a day?:

How high would you rate your stress levels? 1 being the lowest & 5 being the highest:

How long have your stress levels been at this level:

What is your current daily water intake?

How many cups of coffee do you drink daily?

What's your average alcohol intake per week?

How many times a week do you exercise?

Are you on a low-fat diet: Y N If yes, for how long?

Do you have specific food allergies? Y N :

SKIN HEALTH PROGRAM



CLEANSER

TONER/HYDRATING MIST

DAILY SPF _____

VITAMIN A _____%

VITAMIN B _____%

VITAMIN C _____%

MASK: TIMES PER WEEK _____

EXFOLIATING SCRUB TIMES PER WEEK _____

HYDROXY ACID TIMES PER WEEK _____

OTHER PRODUCTS

PAST ADVERSE REACTIONS TO PRODUCTS?

Y N DETAILS:

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TREATMENT HISTORY

What treatments have you had in the past?

- | | |
|--|---|
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Microneedling |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Plasma Pen Treatment |
| <input type="checkbox"/> Hydrodermabrasion | <input type="checkbox"/> Fat Freezing |
| <input type="checkbox"/> IPL Vascular Treatments | <input type="checkbox"/> Body Contouring |
| <input type="checkbox"/> IPL Skin Rejuvenation | <input type="checkbox"/> Radio Frequency |
| <input type="checkbox"/> IPL Acne treatment | <input type="checkbox"/> Ultrasound Infusion |
| <input type="checkbox"/> IPL Pigmentation Correction | <input type="checkbox"/> LED |
| <input type="checkbox"/> IPL Hair Removal | |

NOTES

Do you have any side effects from any of the treatments that you had in the past? If so, please provide the details:

CLINICIAN USE ONLY

ADDITIONAL CONSULT NOTES

FITZPATRICK SKIN

Prototype

The Fitzpatrick skin prototype is a commonly used system to describe a person's skin type in terms of response to (UVR) exposure. * The information published here is not intended to take the place of medical advice. Please seek advice from a qualified health care professional.

QUESTIONS

SKIN TYPE

QUESTIONS

EYE COLOUR?

- 0. Light blue or green, grey
- 1. Blue, green, grey
- 2. Dark blue/green, light brown
- 3. Dark brown
- 4. Brownish Black

NATURAL HAIR COLOUR?

- 0. Sandy red
- 1. Blonde
- 2. Chestnut or dark blonde
- 3. Dark brown
- 4. Black

NATURAL SKIN COLOUR IN UNEXPOSED AREAS?

- 0. Pinkish
- 1. Very Pale
- 2. Beige or Olive
- 3. Brown
- 4. Dark brown-black

FRECKLES IN UNEXPOSED AREAS?

- 0. Many
- 1. Several
- 2. Few
- 3. Rare
- 4. None

IF YOU STAY IN THE SUN TOO LONG, DO YOU GET?

- 0. Painful burns, blisters, peeling
- 1. Mild burns, blisters, peeling
- 2. Burn sometime + mild peeling
- 3. Rarely burn
- 4. Never burn



Skin Type I

0-6: Pale White

Extremely sensitive, always burns, never tans. Example: red hair & freckles.



Skin Type II

7-13 : White

Very sensitive skin, burns easily, tans minimally. Example: fair skinned, fair-haired Caucasians, northern Asians.



Skin Type III

14-20 : LIGHT BROWN

Sensitive skin, sometimes burns, slowly tans to light brown. Example: darker Caucasians, some Asians.



Skin Type IV

21-27: MODERATE BROWN

Mildly sensitive, burns minimally, always tans to moderate brown. Example: Mediterranean and Middle Eastern Caucasians, Southern Asians.



Skin Type V

28-34 : DARK BROWN

Resistant skin, rarely burns, tans well. Example: some Hispanics and some Africans.



Skin Type VI

36+ : DARK BROWN-BLACK

Very resistant skin, never burns, deeply pigmented. Example: darker Africans & indigenous Australians.

DO YOU TURN BROWN WHEN EXPOSED TO UVR?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

HOW BROWN DO YOU GET?

- 0. Never go brown
- 1. Light tan
- 2. Medium Tan
- 3. Dark Tan
- 4. Very Dark Tan

IS YOUR FACE SENSITIVE TO THE SUN?

- 0. Very sensitive
- 1. Sensitive
- 2. Mildly Sensitive
- 3. Resistant
- 4. Very resistant

HOW OFTEN DO YOU TAN?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

WHEN WAS YOUR LAST TAN?

- 0. +3 months ago
- 1. 2-3 months ago
- 2. 1-2 months ago
- 3. Last week
- 4. In the last day

TOTAL SCORE



YOUR CONSULTATION

Form

CLIENT CONCENT

By signing this form I hereby confirm that the information provided by me throughout this consultation booklet is correct and up to date.

Client Full Name

Client Signature Date

Clinician Signature Date

Thank You

