

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 straight 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: Mobile:

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, 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:

YOUR CONSULTATION

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TREATMENT HISTORY

What treatments have you had in the past?

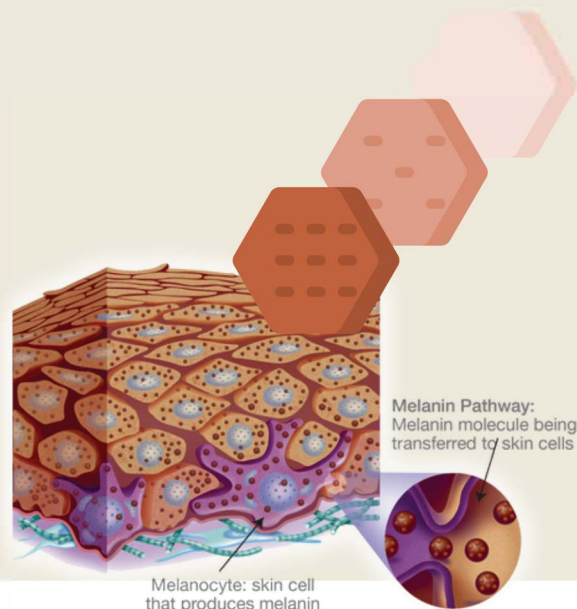
- | | |
|--|---|
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Microneedling |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Plasma Pen Treatment |
| <input type="checkbox"/> Hydrodermabrasion | <input type="checkbox"/> Fat Freezing |
| <input type="checkbox"/> 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:

SKIN ETHNICITY (FAMILY ANCESTRY)

What is the skin ethnicity of your parents and grandparents?



FITZPATRICK SKIN

Prototype



Internal Use Only

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



Skin Type I

0-6: Pale White

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

NATURAL HAIR COLOUR?

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



Skin Type II

7-13 : White

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

NATURAL SKIN COLOUR IN UNEXPOSED AREAS?

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



Skin Type III

14-20 : LIGHT BROWN

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

FRECKLES IN UNEXPOSED AREAS?

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



Skin Type IV

21-27: MODERATE BROWN

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

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 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.

TOTAL SCORE

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

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 Full Name Date

Client Full Name Date

Thank You

ADDITIONAL CONSULT NOTES (CLINICIAN USE ONLY)

