



## SKIN CONSULTATION



Beauty Therapist should understand skin analysis and consultation Procedures first before carrying out facial treatments, Having an understanding of facials will enable you to provide advice when asked, knowing the basics will help you recognize conditions that may need a physician's care, learning the basic will allow you to perform the foundational services,.

Skin analysis is the most important part of the facial treatment; it determines the skin type, condition, and the recommended treatment.

The first step in a professional facial treatment would be client consultation. The client consultation is the like a pre-screening for the patient to ensure they are suited to the treatment.

During a **client consultation**, your client will fill out some forms concerning:

- Their personal information, including name and age
- Lifestyle choices such as diet, alcohol and smoking habits, etc
- Medical conditions such as eczema, psoriasis, and diabetes

Let the client know to be as honest as possible to ensure they receive the most suitable treatment plan.

Use your client consultation time to understand what your client wants to achieve from the treatment..

The most crucial part of a client consultation is that your client should sign the paperwork stating that they understood the information you delivered.

**THE FOLLOWINGS ARE VERY IMPORTANT DURING CONSULTATION.**

- Health screening form- client must complete a form which determines if they have any contraindications that might prohibit certain treatments
- Contraindications- a condition that requires avoiding certain treatments, procedures, or products to prevent undesirable effects
- Treatment records- record should include client’s name, address, phone number, contraindications, treatments provided, and products purchased
- Analysis procedure -Read screening form and discuss questions with client

Below is a sample of what a Skin Consultation form should look like.

**SKIN CONSULTATION FORM.**

DATE-----

NAME-----

DATE OF BIRTH-----

HOME ADDRESS-----

EMAIL-----

REFERRAL STATUS -----INSTAGRAM,FACEBOOK,FRIENDS OR FAMILY MEMBER.

OCCUPATION-----

HOW WOULD YOU LIKE US TO CONTACT YOU-----

DOES YOUR JOB REQUIRES YOU TO WORK OUTDOOR-----YES / NO

DO YOU HAVE A SUNSCREEN-----

HAVE YOU DONE FACIALS BEFORE -----

IF YES WHAT TYPE OF FACIALS AND WHEN WAS THE LAST TIME -----  
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DOCTOR'S NAME-----

WHEN LAST DID YOU VISIT THE DOCTOR-----

WHAT IS YOUR SKIN TYPES-----

WHAT IS YOUR CURRENT SKIN CONCERNS-----

What is your current skincare products ,the names and how long have you been using them-----  
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Are you currently using any of the following-Accutane/Glycolic/ topical vitamin c/Hydroquinone/hormonal therapy/Birth control pills and Retin A.

### MEDICAL HISTORY.

If you have or have had any of the following condition ,if yes please select on it.

- Acne
- Arthritis
- Asthma
- Blood Disorder
- Cancer
- Diabetes
- Ezcema
- Epilepsy
- Herpes
- Hepatitis
- High blood Pressure
- Hiv/Aids
- Hyperpigmentation
- Hypopigmentation
- Hysterectomy
- Immune disorder

- Fever
- Fever blisters
- Heart Condition
- Lupus
- Metal bone pins
- Phlebitis/blood clots
- Skin disease or lesions
- Seborrhea
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- Insomania/recent surgeries
- Keloid Scarring
- Low Blood Pressure
- Thyroid condition
- Varicose veins
- Warts
- Stretch marks
- Asthma

May I contact you via mail/email about future promotions and new

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I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_

Therapist Signature -----