

Facial Consultation

Name _____ Date _____

Health History Reviewed: Yes No

Main Areas of Concern: _____

Current Products: _____

Skin Type			Complexion		Thickness		Pore Definition		Fitzpatrick		
Normal		Sensitive		Clear		Translucent		Fine		1	2
Lipid Dry		Mature		Pale		Thin		Average		3	4
Oily		Rosacea		Dull		Medium		Severe		5	6
Acne: Type				Sallow		Thick					
Combination: Type				Diffused Red							

Create a legend to chart on the face the location of skin conditions observed.

Condition	Condition	
Dehydrated	Closed Comedone	
Flakey	Open Comedone	
Milia	Papules	
Dilated Capillaries	Pustules	
Telangiectasia	Cysts/Nodules	
Fine Lines	Hyper-Keratinization	
Deep Lines	Sebaceous Hyperplasia	
Poor Elasticity	Seborrheic Keratosis	
Glycation	Seborrheic Dermatitis	
Poikiloderma	Eczema	
Loss of Structural Volume	Dermatitis	
Loss of Muscle Tone	Psoriasis	
Moles	Ingrown Hair	
Freckles	Skin Tags	
Melasma	Xanthelasma	
Hypopigmentation	Actinic Keratosis	
Post Inflammatory Pigmentation	Cherry Angioma	
Pigmentation Sun damage		



<p>Lash Tinting Consultation</p> <p>Do you wear contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have any allergies specific to the eyes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Specify _____</p> <p>Are you prone to:</p> <p><input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Styes</p> <p><input type="checkbox"/> Watering Eyes</p> <p><input type="checkbox"/> Twitching Eyes</p> <p><input type="checkbox"/> Sensitivity around the eye area</p>	<p>Tinting Specifications:</p> <p>Lashes Colour: _____</p> <p>Specific Requests on colour or depth of colour. _____ _____</p> <p>Concerns: _____ _____</p>
--	--

Date	Record the Results/ Appearance of Skin After Treatment	Esthetician