

treatment / product record

date	skin therapist	notes
samples		
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samples		
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samples		

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face mapping®



dermalogica
consultation **card**


skin therapist

name 

address  apt/unit

city state zip

email 

phone 

birthday 

how did you hear about us?

This consultation card is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information, and will disclose this information only: (i) to our staff members, (ii) to quality assurance and quality control personnel, (iii) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may, however, contact you with product-related information.

let's get personal!

Please answer these questions to help us provide the best service for your skin.

your health

- 1 Within the last year, have you had any health problems that have affected or could affect your skin? yes no
If yes, please specify: _____
- 2 List any medications, supplements, vitamins, diuretics, slimming pills, oral contraceptives, Isotretinoin, etc. that you take regularly. _____
- 3 Do you wear contact lenses? yes no
- 4 Do you have metal implants, a pacemaker or body piercings? yes no
- 5 Do you have any allergies? yes no
If yes, please specify: _____
- 6 Do you have sinus problems? yes no
- 7 Have you ever experienced claustrophobia? yes no

your skin

- 8 What are your specific concerns/challenges with your skin? _____
- 9 What skin care products are you currently using?
 soap cleanser toner moisturizer
 masque exfoliant eye products other
- 10 Have you had chemical peels, microdermabrasion or any resurfacing treatments within the last three months? yes no
- 11 Have you been waxed within the last 72 hours? yes no
- 12 Have you used Retin-A, Renova, Adapalene or any other prescription skin products within the last three months? yes no
- 13 Are you currently using any products that contain the following ingredients? yes no
 Glycolic Acid Lactic Acid any exfoliating scrubs
 Hydroxy Acids (AHAs, BHAs) Vitamin A derivatives (i.e., Retinol)
- 14 Please specify if any of the following apply to you:
 pregnant trying to become pregnant lactating
 menstruating pre-menstrual

I confirm (to my best knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

signature

date

signature

date

signature

date