

To be filled in by esthetician

Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Pertinent Health History:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment Area:    Face        Neck        Hands        Décolleté  
 Other: \_\_\_\_\_

Skin Conditions: Circle all that apply. (Document location on Face & Neck Assessment)

- |            |                   |                |
|------------|-------------------|----------------|
| Rash       | Dryness           | Comedones      |
| Redness    | Lesions           | Enlarged Pores |
| Acne Scars | Milia             | Scar           |
| Rosacea    | Stretch Marks     | Sun Damage     |
| Age Spots  | Hyperpigmentation | Other _____    |

Date	Wand	Suction	Postcare	Response	

\* reassess skin after 6 treatments.

Other Interventions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Post care information given \_\_\_\_\_  Consultation done \_\_\_\_\_  Teaching done \_\_\_\_\_

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_