

CLIENT INFORMATION

Client Name:

Address:

Tel: (work)

Tel: (mobile)

Email:

MEDICAL PROFILE

Allergies (AHA's, sunscreens, aspirin, cosmetics, latex or food). Please specify.

Yes No

Recent treatments within last 6 months (IPL, Laser, Skin Resurfacing Treatments, Chemical Peeling, Botox and/or Fillers, micro needling (roller or pen). Please specify

Yes No

Major Illnesses (within the last year). Please specify.

Yes No

MEDICATION

Antibiotics

Tretinoin

Hormone Therapy

Accutane

Cortisone

Other Prescription/otc medication

HEALTH PROBLEMS

Skin Cancer

Dermatitis

Epilepsy

Rosacea

Diabetes

Cold Sores

Eczema

Thyroid imbalance

Other (please specify)

Psoriasis

High/Low blood pressure

SKIN TYPE

SKIN CONDITION (Clients Primary Concern)

SKIN CONDITION (Clients Secondary Concern)

When you go out in the sun do you (Check which one)

Always Burn Usually Burn Sometimes Burn Rarely Burn Never Burn

HOME CARE PRODUCTS PRESCRIBED

STEP 1

CLEANSER

TONER

MASQUE

MOISTURISER

SUNSCREEN

STEP 2

After 4 weeks, treatment products can be introduced to treat the primary concern.

Multi Active Lotion can only be introduced after 12 weeks.

EYE TREATMENT

EXFOLIATOR

OTHER

Only after the primary skin concern has been diminished can treatment products for the secondary skin concern be prescribed. Further consultation is required.

Multi Active Lotion can only be introduced after 12 weeks.

TREATMENT PRESCRIBED

Basic Facial

Every _____ week for _____ weeks.

Sknpen Collagen Induction Therapy

Every _____ week for _____ weeks.

Multipeel Chemical peel

Every _____ week for _____ weeks.

SKNLOGIC

INFORMED CONSENT

The treatment has been explained to me, and I have had the opportunity to ask questions. The effect and nature of the treatment to be given, as well as possible alternative methods of treatment, have been fully explained to me. I am advised that though good results are expected, they CANNOT and are not GUARANTEED to be effective. I agree to actively participate in the instructions and home care procedures and to read all the documentation given regarding the products and treatment before and after care instructions.

I hereby acknowledge that all the information in this document is correct and I have left nothing out.

I acknowledge that there is no guarantee that dark discolouration of skin will be reduced or fade. Pigmentation may improve or darken with successive treatments.

I acknowledge that my skin may experience temporary irritation, tightness and redness.

I acknowledge that if I fail to use minimal sunscreen (SPF 30), I am more susceptible to sunburn, skin damage and hyperpigmentation.

I understand that I may be required to have photographs taken before and after treatments for my medical records

I hereby acknowledge and agree to hold the Salon, and/or Professional, and/or SKNLOGIC harmless against any adverse reaction which could be sustained during or as a result of the products prescribed.

Client Signature: _____

Date: _____

Therapist Name: _____

Therapist Signature: _____

TRANSITIONAL PERIOD

A transitional period is a normal, temporary skin condition that may occur due to the introduction of specific active ingredients that have a positive effect on the function and structure of the skin. When starting with a new range of active products you may experience a transitional or crisis period.

TYPICAL SYSTEMS THAT MAY BE EXPERIENCED:

- Excessive oiliness
- Excessive dryness or slight flakiness
- Breakouts and/or underlying congestion
- Increased sensitivity
- Hyperpigmentation and capillaries may appear more visible due to the treatment process

I hereby consent to the Salon disclosing information set out herein to Sknlogic skincare so as to enable Sknlogic to conduct quality product assessments.

Yes No

I hereby consent to the Salon and/or Sknlogic contact me regarding any new Sknlogic product information or specials via email.

Yes No