CLIENT CONSULATION CARD

Client name:		
Profession:		
Telephone number:	Day:	

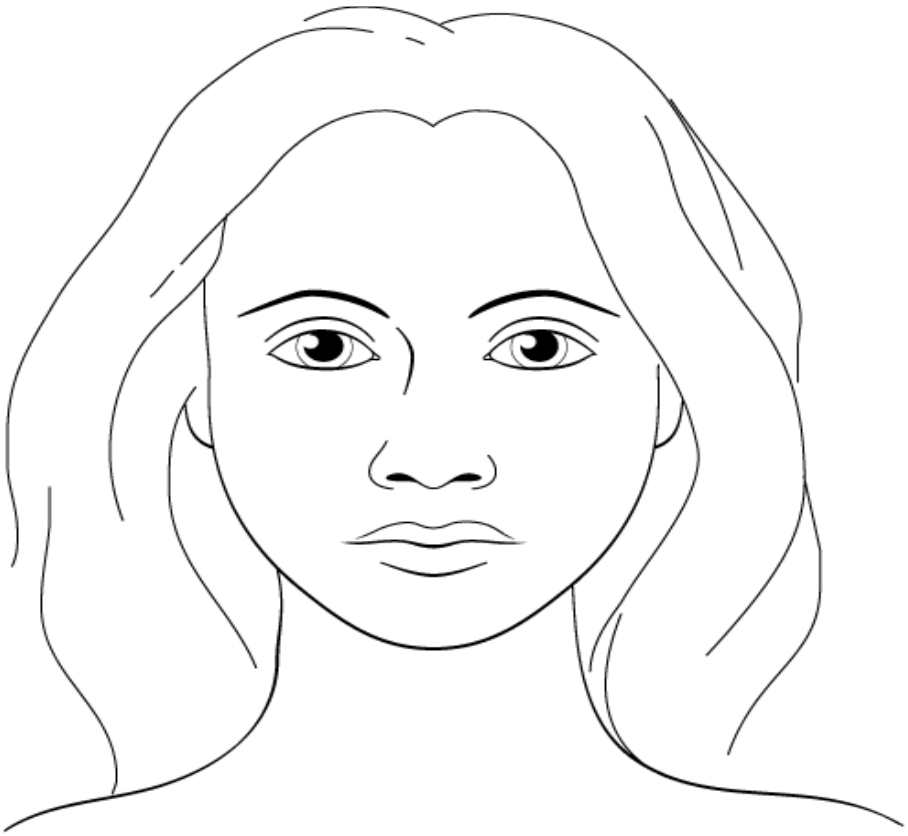
Personal details:						
Age group:	Under 20 ☐	20 – 30 ☐	30 – 40 ☐	40 – 50 ☐	50 – 60 ☐	60+ ☐
Lifestyle:	Active ☐			Sedentary ☐		
Last visit to the doctor:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						

Skin test – *(Select if/where appropriate):*				
Moisture content:	Excellent ☐	Good ☐	Fair ☐	Poor ☐
Muscle tone:	Excellent ☐	Good ☐	Fair ☐	Poor ☐
Elasticity:	Excellent ☐	Good ☐	Fair ☐	Poor ☐
Sensitivity:	High ☐	Medium ☐	Low ☐	
Skins healing ability:	Excellent ☐	Good ☐	Fair ☐	Poor ☐
Skin tone:	Fair ☐	Medium ☐	Olive ☐	Dark ☐
Circulation:	Good ☐	Normal ☐	Poor ☐	
Pores:	Fine ☐	Dilated ☐	Comedons	Milia ☐
Overall skin type:	USE SIMBOLES BELOW TO IDICATE ON PICTURE SKIN TYPE AND SKIN CONDITIONS:			

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Oily	
Dry	

Normal		
Sensitivity		
Combination		
Dehydrated		
Pustules		
Papules		
Comedones		
Scars		
Macules		
Moles		



Treatment details – *(Select if/where appropriate):*	
Cleanser:	
Toner:	
Moisturiser:	
Galvanic	
High Frequency	
Treatment Plan and Recommendations	

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