Bioelements SkinReading® System

PROFESSIONAL VERSION

CLIENT INFO

Name Jane Downes | Date

Address 1750 Oak St, Chelsea Grove

Phone 705-0656

Email

PERSONAL INFORMATION

		YES	NO
1.	Do you have any health problems or concerns that we need to be aware of before we begin this treatment? If the answer is yes, please describe.	☒	☐
2.	Are you pregnant?	☐	☒
3.	Any recent surgery on your face, neck and shoulders?	☐	☒
4.	Do you smoke?	☒	☐
5.	Have you taken Accutane® within the past 12 months?	☐	☐
6.	Have you used Retin-A®/Renova®, or any powerful alpha hydroxy acids within the past 3 months?	☒	☐
7.	Have you had a medical peel within the past 6 months?	☐	☐
8.	Do you have a pacemaker or any pins in bones?	☐	☒
9.	Do you currently wear contact lenses?	☐	☐
10.	Are you currently under a physician's care for any skin condition? If the answer is yes, please describe.	☒	☐
11.	Have you ever had an adverse reaction to a cosmetic product or ingredient? If the answer is yes, please describe. Allergy reaction	☒	☐
12.	Have you ever had an adverse reaction to a skin care treatment? If the answer is yes, please describe. Yes	☐	☐

13. What are your skin concerns and challenges?

14. What are you currently using on your skin?

Daytime Cleanser, Moisturizer Evening

Weekly / Special Treatments Some mask

15. My esthetician may choose to use surface peeling products during my facial and I give consent.

Client Signature **Date** **Esthetician's Initials** **Date**

SKINREADING REVIEW

2nd visit: Date

3rd visit: Date

4th visit: Date

BIOELEMENTS®
PROFESSIONAL SKIN CARE