CLIENT RECORD

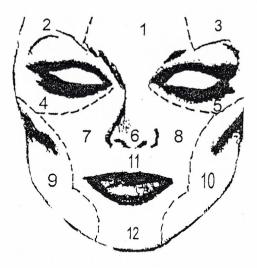
Dermal Analysis Profile

B CA BOTANA

In order to create the best treatment program for your skin, please fill in the following questions to the best of your knowledge. Thank you! This is completely confidential and will be used only for this analysis and your treatments.

Client Record	Confidential Clien
Name:	Do you:
	1. Wear contact len
Address:	2. Use Accutane?
	3. Have dietary rest
C22#	4. Use Retin A or gl
Home Tel:	5. Smoke?yes
Bus. Tel:	6. Exercise regularl
Ref. by:	7. Suffer from epiler
	8. Have special con
Date of Consultation:	Please explain:
Age: under 21 21-30 31-40	9. List all medication
41-50 over 50	Vitamins:
Birthday:	Medications:
-	
Email:	Are you:
Products for Home Care:	currently pregnant?
АМ	claustrophobic?y
Cleanser:	diabetic?yesn
Toner:	Have you had: Lase
Hydration:	Cosmetic Surgery?
Other:	Dermabrasion?y
	Types of skin produc
	Please circle: soap
	Daily intake of water
PM	Do you take laxative
Cleanser:	Do you sunbathe?
Toner:	Do you wear sunscr
Hydration:	Male clients:
Other:	What is your shaving
	Do you have skin irri
	Are you prone to ing

Confidential Client History:
Do you:
. Wear contact lenses?yesno
2. Use Accutane?yesno
8. Have dietary restrictions?vesno
. Use Retin A or glycolic?yesno
5. Smoke?yesno
. Exercise regularly?yesno
. Suffer from epilepsy?yesno
. Have special concerns about your skin?yesno
Please explain;
. List all medications/vitamins that you take regularly:
/itamins:
1edications:
re you:
urrently pregnant?yesno
laustrophobic? yes no
iabetic? yes no
lave you had: Laser treatment?yesno
cosmetic Surgery?yesno
ermabrasion?yesno
ypes of skin products you are currently using:
lease circle: soap toner cleanser mask moisturizer
aily intake of water? glasses
o you take laxatives/diuretics?_yes _no _sometimes
o you sunbathe?yesno
o you wear sunscreen/sunblock?yesno lale clients:
/hat is your shaving method? Electric: Wet shave
o you have skin irritations from shaving?yesno
re you prone to ingrown hair? yes no



SKIN MANIFESTATIONS (esthetician use only) Oily __ Blemished __ Acneic __ Alipidic __ Dehydration: Superficial __ Deep __ Elasticity: Good __ Fair __ Poor __ Circulatory Problems: Couperose __ Erythema __ Angioma __ Rosacea __ Congested __ Scars __ Pigmentation __ Type __ Photo-Damage: Heavy __ Medium __ Fair __ Dilated Pores __ Milia __ Xanthoma __ Sensitivity: High __ Medium __ None observed __ Other observations and comments:

Approximat	tely how muc	h of the	following
food do yo	u ingest in a	week?	
Red meat _	_x per week	Pork_	x per week
			x per week
Dairy x	per week Su	ıgar	_ x per week
Caffeine	x per week Fa	ast Food	_x per week
Other:			

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