# CLIENT RECORD

## CA BOTANA

## Dermal Analysis Profile

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

Name:

Address:

Cell#

Home Tel:

Bus. Tel:

Ref. by:

Date of Consultation:

Age: under 21 __ 21-30 __ 31-40 __ 41-50 __ over 50__

Birthday: _____

Email: _____

### Products for Home Care:

**AM**

Cleanser:

Toner:

Hydration:

Other:

**PM**

Cleanser:

Toner:

Hydration:

Other:

### Confidential Client History:

Do you:
1. Wear contact lenses? __yes __no
2. Use Accutane? __yes __no
3. Have dietary restrictions? __yes __no
4. Use Retin A or glycolic? __yes __no
5. Smoke? __yes __no
6. Exercise regularly? __yes __no
7. Suffer from epilepsy? __yes __no
8. Have special concerns about your skin? __yes __no
Please explain:

9. List all medications/vitamins that you take regularly:
Vitamins:

Medications:

Are you:
currently pregnant? __yes __no
claustrophobic? __yes __no
diabetic? __yes __no
Have you had: Laser treatment? __yes __no
Cosmetic Surgery? __yes __no
Dermabrasion? __yes __no
Types of skin products you are currently using:
Please circle: soap  toner  cleanser  mask  moisturizer
Daily intake of water? _____ glasses
Do you take laxatives/diuretics?_yes _no _sometimes
Do you sunbathe? __yes __no
Do you wear sunscreen/sunblock? __yes __no
Male clients:
What is your shaving method? Electric:__ Wet shave__
Do you have skin irritations from shaving? __yes __no
Are you prone to ingrown hair? __yes __no
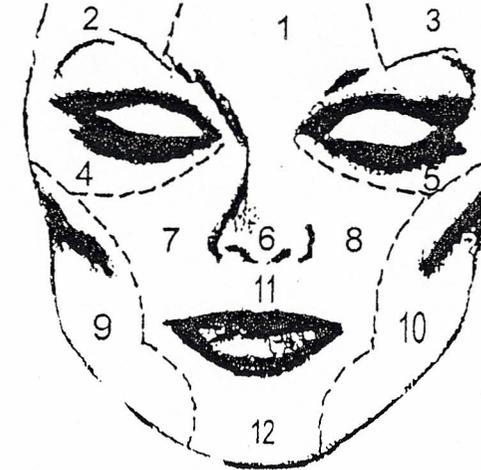
### SKIN MANIFESTATIONS (esthetician use only)

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:

### Approximately how much of the following food do you ingest in a week?

Red meat ___x per week   Pork ___ x per week
Shellfish ___ x per week   Eggs ___ x per week
Dairy ___ x per week   Sugar ____ x per week
Caffeine___x per week  Fast Food__x per week
Other: