Skincare Consultation Tool

laserclinics

1. Your details

NAME: _____

DOB: _____

PHONE: _____

E-MAIL: _____

2. What results are you looking to achieve?

(If there was anything you could change about your skin what would it be?)

_____

_____

_____

3. Do you currently have any of the following:

- ☐ Oiliness
- ☐ Breakouts
- ☐ Blackheads
- ☐ Itchiness
- ☐ Dryness
- ☐ Dehydration
- ☐ Course skin
- ☐ Flushing
- ☐ Redness
- ☐ Fine lines
- ☐ Reduced elasticity
- ☐ Capillaries
- ☐ Spider veins
- ☐ Thin lips
- ☐ Sun spots
- ☐ Sun damage
- ☐ Pigmentation
- ☐ Increased pore size
- ☐ Excess hair
- ☐ Acne scars
- ☐ Double chin

4. Are there any particular areas of the face / body you would like to focus on today?

_____

_____

5. How soon are you targeting results?

(e.g. any special events coming up?)

_____

_____

6. Your current skincare routine

(e.g. any special events coming up?)

Which products are you currently using?

- ☐ Cleanser _____
- ☐ Soap _____
- ☐ Toner _____
- ☐ Face exfoliant _____
- ☐ Serum _____
- ☐ Day cream _____
- ☐ Night cream _____
- ☐ Eye cream _____
- ☐ SPF 50 _____
- ☐ Face mask _____
- ☐ Body scrub _____
- ☐ Other _____

Have you had any of the following treatments?

TREATMENT	IF YES, WHEN?
☐ Chemical Peel	
☐ Microdermabrasion	
☐ Laser/IPL	
☐ Anti-Wrinkle Injections	
☐ Dermal Fillers	
☐ Facial Cosmetic Surgery	
☐ Skin Needling	

7. General Health

Do you exercise regularly?	Yes/No
Do you smoke?	Yes/No
Do you have a balanced diet?	Yes/No
How many glasses of water daily?	_____
How many glasses of alcohol daily?	_____
How many caffeinated drinks daily?	_____
Do you have regular sleep patterns?	Yes/No
Do you suffer from food cravings?	Yes/No

8. Medical considerations

(these will be relevant to your treatment options)

Do you have any allergies? Yes/No

Details: _____

_____

Have you had any serious health problem/major surgery within the last 12 months? Yes/No

Details: _____

_____

What medications, vitamins or supplements do you take on a regular basis?

Details: _____

_____

Are you taking oral contraceptives?	Yes/No
Are your periods regular?	Yes/No
Are you going through menopause?	Yes/No
Are you pregnant/planning to be/ lactating?	Yes/No
Have you ever had Keloid scarring?	Yes/No
Do you use prescription skin medication?	Yes/No

Skin Prescription

laserclinics

SKIN PRIORITY	HOME CARE		SKIN SAVER OPTIONS	COSMETIC INJECT OPTIONS
*What you want to **achieve** with your skin...*	***Essential** for best results...* skinstitut	DRROEBUCK'S	*Treatment plan packages **designed by our skin experts** to achieve optimum results at the best value (**min. 40% off** vs. single treatment prices)*	***For more immediate results,** ask your Therapist to arrange a free consultation with one of our experienced Cosmetic Injectors*
Hydrating	 *See a 5 a-day booklet*	DRROEBUCK'S HYDRATING	☐ **The Glow Package** • For all skin types in need of a pick me up • Preparation for a special event	☐ **Anti-wrinkle injectables**
			☐ **The 'Hydrating' Package** • Dehydrated skin, Dry dull skin • Itchy, tight, rough, flaking skin	☐ **Anti-wrinkle injectables** ☐ **Dermal Fillers**
Calming	 *See a 5 a-day booklet*	DRROEBUCK'S CALMING	☐ **The 'Calming' Package** • Red, irritated skin • Uncomfortable, sensitive, reactive skin • Flushed skin, Rosacea	*Not applicable*
Clearing	 *See a 5 a-day booklet*	DRROEBUCK'S CLEARING	☐ **The 'Acne' Package** • Suitable for active acne, breakouts, congestion & oily skin	*Not applicable*
			☐ **The 'Acne Scarring' Package** • For post acne scarring	☐ **Dermal Fillers**
Brightening	 *See a 5 a-day booklet*	DRROEBUCK'S BRIGHTENING	☐ **The 'Pigmentation' Package** • For dull skin and age spots • For skin discoloration and/or uneven skin tone and/or pigmentation	☐ **Anti-wrinkle injectables** ☐ **Dermal Fillers**
Anti-Ageing	 *See a 5 a-day booklet*	DRROEBUCK'S ANTI-AGEING	☐ **The 'Rejuvenate' Package** • Targeted skin tightening to boost collagen and rejuvenate tired skin	*Not applicable*
			☐ **The 'Anti-Ageing' Package** • Holistic anti-ageing plan targeting fine line reduction and increased elasticity • For dry dull skin, prematurely ageing skin	☐ **Anti-wrinkle injectables** ☐ **Dermal Fillers**