BIOLINE JATO research and beauty

CONSULTATION CARD

BIOLINE JATO research and beauty

NAME _____ DATE _____
LAST MIDDLE FIRST

ADDRESS _____ BIRTHDAY _____

CITY _____ (STATE) _____ (ZIP) _____ REFERRED BY _____

PHONE _____

EMAIL _____ THERAPIST _____

FACIAL CONSULTATION

Skin Type

☐ Normal ☐ Dry ☐ Sensitive ☐ Combination ☐ Oily
☐ Adult Breakouts ☐ Very Sensitive/Rosacea ☐ Acne
☐ Mature

Current Issues

☐ Cysts or Lesions ☐ Papules ☐ Blackheads
☐ Acne Scars ☐ Pustules ☐ Whiteheads
☐ Dilated Capillaries ☐ Ingrown Hairs ☐ Enlarged Pores
☐ Hyperpigmentation (brown spots from sun, scars, hormonal)

Eye Area

☐ Crows Feet/Wrinkles ☐ Puffiness
☐ Lack of Elasticity ☐ Dark Shadows

Mouth Area

☐ Wrinkles ☐ Nasolabial Folds ☐ Hyperpigmentation

Cheek Area

☐ Loss of Elasticity ☐ Sun Damage
☐ Hyperpigmentation ☐ Uneven Texture
☐ Dilated Pores ☐ Visible Capillaries

Neck & Décolleté Area

☐ Wrinkles ☐ Lack of Elasticity
☐ Severe Sun Damage ☐ Hyperpigmentation

How often do you receive a facial?

☐ Monthly ☐ Few Times per Year ☐ Yearly ☐ Never

Recent Spa Services

☐ Microdermabrasion Date _____
☐ Enzyme Peels Date _____
☐ Acid Peels Date _____
☐ Waxing Services Date _____

Medical or surgical procedures

☐ Rhytidectomy (Face lift) Date _____
☐ Rhinoplasty (Nose) Date _____
☐ Blepharoplasty (Eye lift) Date _____
☐ Laser Resurfacing Date _____
☐ Dermabrasion Date _____
☐ Medical Acid Peels Date _____
☐ Collagen Injections Date _____
☐ Restylane Injections Date _____
☐ Botox® Injections Date _____
☐ Other_____ Date _____

Current Skin Care Regimen

☐ Eye Make-Up Remover Brand _____
☐ Cleanser Brand _____
☐ Toner Brand _____
☐ Moisturizer Brand _____
☐ Exfoliant Brand _____
☐ Mask Brand _____
☐ Make-up Brand _____
☐ Sunscreen Brand _____

Notes:

BODY CONSULTATION

Current Concerns:

Dry and/or Flaky Skin

☐ Arms ☐ Elbows ☐ Chest ☐ Back
☐ Legs ☐ Knees ☐ Feet

Oily Skin and/or Breakouts

☐ Back ☐ Chest

Loss of Elasticity & Firmness

☐ Breasts ☐ Inner Arms ☐ Mid Torso
☐ Buttocks ☐ Inner Thighs

Cellulite

☐ Back of Arms ☐ Stomach ☐ Buttocks ☐ Thighs

List any injuries including breaks and sprains, muscle adhesions, swelling, cuts, etc:

_____

Medical or Surgical Procedures?

☐ Breast Augmentation ☐ Liposuction
☐ Breast Reduction ☐ Tummy Tuck

Current Body Product Regimen

☐ Body Scrub Brand _____
☐ Body Wash/Soap Brand _____
☐ Body Moisturizer Brand _____
☐ Body Firming Cream Brand _____
☐ Bath Salt Brand _____

How often do you receive body treatments?

☐ Monthly ☐ Few Times per Year ☐ Yearly ☐ Never

How often do you receive massages?

☐ Monthly ☐ Few Times per Year ☐ Yearly ☐ Never

Type of Massage Pressure do you prefer?

☐ Light ☐ Medium ☐ Firm

Notes:

HEALTH INFORMATION

Have you ever been diagnosed with any of the following skin disorders?

- ☐ Acne
- ☐ Seborrhea
- ☐ Eczema
- ☐ Psoriasis
- ☐ Skin Cancers
- ☐ Rosacea
- ☐ Mycosis (fungal infection)
- ☐ Contact Dermatitis

Do you suffer from any allergies?
(cosmetic ingredients, food, iodine, medications, hay fever, latex)

☐ No ☐ Yes (please specify)_____

Are you currently undergoing chemotherapy or radiation therapy?

☐ No ☐ Yes (please specify)_____

Are you currently taking any medications, herbs, vitamins?

☐ Internal: _____

_____

☐ Topical: _____

_____

Have you ever been prescribed Accutane®?
If yes, last date used?_____

Do you have any body implants?

- ☐ Prosthesis
- ☐ Metal
- ☐ Other, explain_____

Have you ever been diagnosed with any of the following?

- ☐ Anxiety
- ☐ Depression
- ☐ Migraines
- ☐ Asthma
- ☐ Sinus Problems
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Diabetes
- ☐ Thyroid
- ☐ Epilepsy
- ☐ Heart Problems
- ☐ Low Blood Pressure
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ Herpes
- ☐ HIV
- ☐ Other

Do You:

- ☐ Smoke
- ☐ Eat Spicy Foods
- ☐ Exercise
- ☐ Wear Contact Lenses

Sun Exposure:

- ☐ Burn Easily
- ☐ Never Burn
- ☐ Tan Easily
- ☐ Never Tan

Alcohol Consumption

- ☐ Regularly
- ☐ Seldom
- ☐ Never

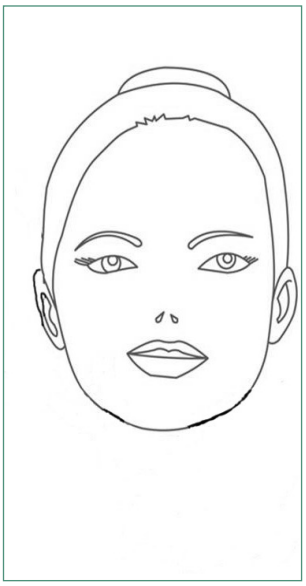
Daily Water Consumption (in glasses):

- ☐ 1-2
- ☐ 3-5
- ☐ 6-8+

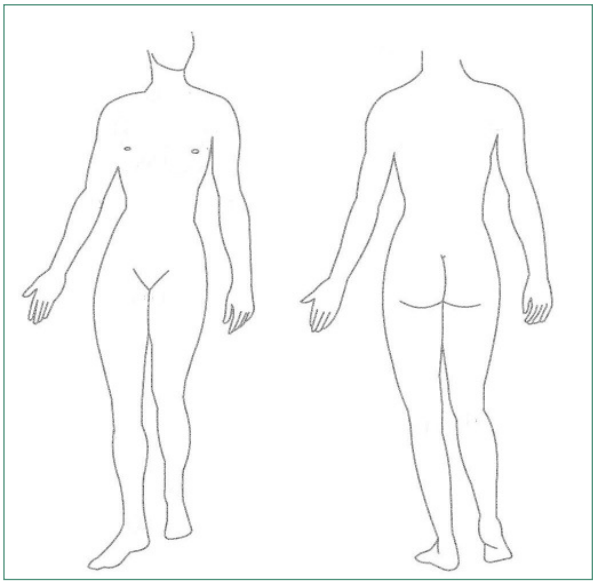
Women's Questions - Do/Are you:

- ☐ Regular Menstruation
- ☐ Pregnant
- ☐ Lactating
- ☐ Hormonal Problems
- ☐ Menopause
- ☐ Birth Control Pill
- ☐ IUD (copper or plastic)

SKIN ANALYSIS



Notes:



Notes:

PROFESSIONAL RECOMMENDATIONS

DATE	TREATMENTS	THERAPIST

DATE	HOME CARE	THERAPIST