

## Treatment Record

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Concerns: \_\_\_\_\_

Desired Outcome of Treatment: \_\_\_\_\_

Medical History Reviewed? Yes No    Informed Consent Signed? Yes No    Photos? Yes No

Skin Analysis: \_\_\_\_\_

Service(s) Provided: \_\_\_\_\_

Areas Treated: Face    Neck    Décolleté Body: \_\_\_\_\_

Cleanser: \_\_\_\_\_ Skin Prep/Toner: \_\_\_\_\_

Exfoliation: Scrub    Dermaplaning    Microdermabrasion    Enzyme    Peel    Other: \_\_\_\_\_

Details: \_\_\_\_\_

Peel: \_\_\_\_\_ # of Layers: \_\_\_\_\_ Time: \_\_\_\_\_ Heat Level (1-10): \_\_\_\_\_

Extractions: Yes    No Details: \_\_\_\_\_

Mask: Yes    No    Details: \_\_\_\_\_

Other Modalities: Steam    Clarisonic    SkinScrubber    MicroCurrent    LED    MicroNeedling

HighFrequency    Galvanic    UltraSound    UltraSonic

Oxygen Other: \_\_\_\_\_

Settings/Details: \_\_\_\_\_

Serum(s): \_\_\_\_\_ EyeCream: \_\_\_\_\_

Moisturizer: \_\_\_\_\_ SPF: \_\_\_\_\_

Notes: \_\_\_\_\_

Products Recommended: \_\_\_\_\_

Products Purchased: \_\_\_\_\_

Next Treatment: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Date: \_\_\_\_\_ Result: \_\_\_\_\_

Provider: \_\_\_\_\_