VTCT

FACIAL CONSULTATION SHEET

Clients name:				Date:
Address:			Phone number: Mobile: Email address:	
Dr's name: Address: Phone number:				
Age range:	Under 16 ☐	16 - 30 ☐	30 - 50 ☐	50+ ☐
Occupation:				
Hobbies:				

This information is to be checked through during consultation by the therapist

Relevant medical history and lifestyle notes			
Allergies	Yes/No	Pigmentation disorders	Yes/No
Infections: Viral/Parasitic/Bacterial/Fungal	Yes/No	Respiratory conditions (asthma)	Yes/No
Eye infections	Yes/No	Claustrophobia	Yes/No
Watery eyes	Yes/No	Sunburn	Yes/No
Contact lenses	Yes/No	Recent surgery	Yes/No
Severe skin conditions	Yes/No	Chemotherapy	Yes/No
Cuts or abrasions	Yes/No	Metal pins and plates	Yes/No
Severe acne	Yes/No	Cuts and abrasions	Yes/No
Swelling/inflammation/undiagnosed lumps	Yes/No	Broken bones	Yes/No
Irritation	Yes/No	Heart disorder/disease, pacemaker	Yes/No
Recent scar tissue	Yes/No	History of thrombosis or embolisms	Yes/No
Eczema/Psoriasis	Yes/No	High or low blood pressure	Yes/No
Bruising	Yes/No	Pregnancy	Yes/No
Hypersensitive skin	Yes/No	Thyroid imbalances	Yes/No
Do you take regular medication? *Such as: roaccutane, retinols, steroids*			Yes/No
Are you undergoing any medical treatment for epilepsy or diabetes, anxiety or depression?			Yes/No
Have you had any recent treatments? *Such as: micropigmentation, Botox, dermal fillers, recent dermabrasion or medical peels, IPL or laser and epilation*			
Current skin care routine:			
What were the results of the tactile and thermal sensitivity tests?			

Patch test date (if required):			
Product(s) tested:			
Results:			
Skin analysis:			
Skin type	Normal ☐	Dry ☐	Oily ☐
	Combination ☐		
Skin condition	Sensitive ☐	Dehydrated ☐	Mature ☐
	Broken capillaries ☐	Papules ☐	Open pores ☐
	Dark circles ☐	Pigmentation ☐	Scarring ☐
	Erythema ☐		

Client signature for permission to treat:	
Therapist signature:	**Date:**

Date:

Treatment/Service	Tools/products used	Advice given/Comments

Date:

Treatment/Service	Tools/products used	Advice given/Comments

Date:

Treatment/Service	Tools/products used	Advice given/Comments

Date:

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