



# Client Update/Treatment Record

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Please note any changes since last visit to the following:**

Address \_\_\_\_\_

Contact Information \_\_\_\_\_

Health \_\_\_\_\_ Medications \_\_\_\_\_

Skin Care Products \_\_\_\_\_

Hormones (women only) \_\_\_\_\_

**In the last 5 days have you...**

Had any waxing or depilatories on your face	yes	no	When _____
Had any excess exposure to the sun	yes	no	When _____
Been in a tanning bed	yes	no	When _____
Been ill	yes	no	When _____
Had any surgical/aesthetic procedures	yes	no	When _____

**In the last 24 hours have you...**

Exercised	yes	no
Used Retin A	yes	no
Had unusual stress	yes	no

**What are your plans for the rest of the day?**

**What are your plans for the next 7 days?**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Treatment (aesthetician notes)**

Intense Antioxidant Enzyme \_\_\_\_\_ AHA \_\_\_\_\_ Lactic 30 \_\_\_\_\_ Lactic 50 \_\_\_\_\_  
 Salicylic \_\_\_\_\_ % \_\_\_\_\_ Layers \_\_\_\_\_ Jessner Formula \_\_\_\_\_ Layers \_\_\_\_\_  
 Dermasound Setting-Peel Kz \_\_\_\_\_ Sono Kz \_\_\_\_\_ Microamp Hz \_\_\_\_\_ Kz \_\_\_\_\_  
 Time \_\_\_\_\_ Result \_\_\_\_\_ Post care instructions \_\_\_\_\_

Changes \_\_\_\_\_

Additional product....

Cleanse: \_\_\_\_\_ Treat: \_\_\_\_\_ Balance: \_\_\_\_\_ Protect: \_\_\_\_\_  
 Instructions for use \_\_\_\_\_ Next  
 Appointment \_\_\_\_\_ Time \_\_\_\_\_