DERMANUVA
SKIN - LASER - HEALTH

# ADVANCED SKIN ANALYSIS

Client Consultation Form

***ON THE DAY OF YOUR APPOINTMENT:***
***DO NOT: Shower / wash your hair / wipe,wash or cleanse your face***
***DO NOT: Apply moisturizer / foundation or make up***
***AVOID: Having a spray tan 3 weeks prior to your appointment***
***BRING: A current list of skin care product/make up & meds to your appointment***

**NAME**:_____ **DOB:**_____ **AGE:**_____

Work (circle all that apply): Stress / Hazardous / Physical / Sedentary / Shift Work
Leisure (circle all that apply): Outdoors / Sports / Sedentary / Party / Risk

## COSMETIC HISTORY:

Current feeling about your skin:_____

Reason for appointment today: _____

Previous skin care used (last 5 yr):_____

Reason no longer used: _____

## NUTRITIONAL INFORMATION:

Food Intolerance:_____ Food Allergies: _____

Vitamin Supplements: _____

FLUID INTAKE: Water _____(cups/day) Coffee/Tea _____(cups/day) Alcohol_____(glasses/week)

## SUN EXPOSURE & GENETIC HISTORY:

Tanning ability: YES / NO MC1R Gene (redhead): YES / NO Tanning Bed History: YES / NO

Maternal Parental Genetic History:_____

History of Sunburns: YES / NO Location of Birth:_____

## GENERAL HEALTH:

Medications:_____

Surgeries:_____

Allergies:_____

Smoker: YES / NO _____(pks/day) Vape: YES / NO Recreational Drugs: YES / NO

Pregnant: YES / NO Menopause: YES / NO Birth Control: YES / NO

**Please rate on a scale of 1-10. (1 poor - 10 great)**

Sleep: 1 2 3 4 5 6 7 8 9 10 Stress: 1 2 3 4 5 6 7 8 9 10 Self Care: 1 2 3 4 5 6 7 8 9 10

Chronic Conditions / Additional Information:_____

_____

**I agree that I will use the Dermavidual Products provided as instructed by office staff only. These products are specifically formulated for my personal use and are *non refundable.***

**SIGNATURE : _____ DATE: _____**

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## ***FOR STAFF USE ONLY***

**Lipid Dry / Diffused Red / Oily** **Hydration**: ____ low / high / balanced **Lipids**: _____ low / high / balanced

**MC1R**: Yes / No **Phototype**: 1 2 3 4 5 6 **Erythema:** _____min/high/average

**PRODUCTS:**

Cleanser: Cleansing Milk / Cleansing Gel

Toner: FLM / FT / Suusmoon P / Suusmoon N

Eye: Eye Gel / Eye Cream

Moisturizer: Plutioderm / Classic / HC / HCP Oleogel Gel: R / N / K

Foundation: Pressed / Loose / Liquid Minerals / ColorScience (specify color) _____

Hydration Spray: Balanced / Lemongrass / D2O / Pommisst / Rose

Eyes:_____ Cheeks:_____ Lips:_____

Lashes:_____ Brows:_____ Liners:_____