Bioelements SkinReading System™

PROFESSIONAL VERSION

CLIENT INFO

Name

Date

Address

Phone

Email

PERSONAL INFORMATION

		YES	NO
1.	Do you have any health problems or concerns that we need to be aware of before we begin this treatment? If the answer is yes, please describe.	☐	☐
2.	Are you pregnant?	☐	☐
3.	Any recent surgery on your face, neck and shoulders?	☐	☐
4.	Are you currently, or have you taken Accutane within the past 12 months?	☐	☐
5.	Are you currently, or have you used Retin-A/Renova, or any powerful alpha hydroxy acids within the past 3 months?	☐	☐
6.	Have you had a medical peel within the past 6 months?	☐	☐
7.	Do you have a pacemaker or any pins in bones?	☐	☐
8.	Do you currently wear contact lenses?	☐	☐
9.	Are you currently under a physician's care for any skin condition? If the answer is yes, please describe.	☐	☐
10.	Have you ever had an adverse reaction to a cosmetic product or ingredient? If the answer is yes, please describe.	☐	☐
11.	Have you ever had an adverse reaction to a skin care treatment? If the answer is yes, please describe.	☐	☐

12. What are your skin concerns and challenges?

13. What are you currently using on your skin?

Daytime

Evening

Weekly / Special Treatments

Client Signature

Date

NOTES / FOR ESTHETICIAN USE ONLY

BIOELEMENTS®

PROFESSIONAL SKIN CARE