

treatment / product record

date	skin therapist	notes
samples		
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dermalogica consultation **card** ————— powered by **face mapping**


skin therapist


name 

address 

city county post code

email 

phone 

birthday 

how did you hear about us?

dermalogica takes privacy seriously. As the data controller of the personal data that you provide on this form, we will use your personal data for the purposes of carrying out your personal consultation and keeping a record of your treatments. Please refer to our full privacy policy on Dermalogica.co.uk for more information about your rights and how we use your personal data. If you have any questions, please use the Contact Us function at Dermalogica.co.uk.

I consent to the Dermalogica Group using my personal data to contact me using the methods set out below to advise me of new products, and to provide me with marketing and product information.

SMS (text) phone post email

let's get to know you!

Please answer these questions to help us provide the best service for your skin.

your health

- 1** Within the last year, have you had any health problems that have affected or could affect your skin? yes no

If yes, please specify:

- 2** List any medications, supplements, vitamins, diuretics, slimming pills, oral contraceptives, isotretinoin, etc. that you take regularly.
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- 3** Do you wear contact lenses? yes no

- 4** Do you have metal implants, a pacemaker or body piercings? yes no

- 5** Do you have any allergies? yes no

If yes, please specify:

- 6** Do you have sinus problems? yes no

- 7** Have you ever experienced claustrophobia? yes no

your skin

- 8** What are your specific concerns/challenges with your skin?
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- 9** What skin care products are you currently using?

soap cleanser toner moisturiser
 masque exfoliant eye products other

- 10** Have you had chemical peels, microdermabrasion or any resurfacing treatments within the last three months? yes no

- 11** Have you:

Been waxed within the last 72 hours? yes no

Shaved within the last 24 hours? yes no

If yes, please specify: wet dry

- 12** Have you used Retin-A, Renova, Adapalene or any other prescription skin products within the last three months? yes no

- 13** Are you currently using any products that contain the following ingredients?

Glycolic Acid Lactic Acid any exfoliating scrubs
 Hydroxy Acids (AHAs, BHAs) Vitamin A derivatives (i.e., Retinol)

- 14** Please specify if any of the following apply to you:

pregnant trying to become pregnant breastfeeding
 menstruating pre-menstrual

I confirm (to my best knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

signature

date

signature

date

signature

date