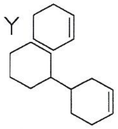
CLIENTS LIFESTYLE INFORMATION

To be filled out by Skin Therapist

DERMAQUEST™
SKIN THERAPY



Client Name: | **Client Number:**

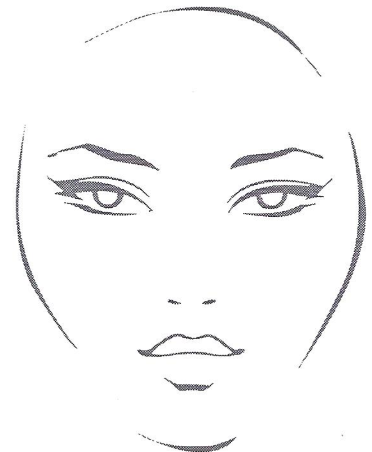
How would you describe your lifestyle?
Explain your diet
What is your daily water in-take?
Do you drink alcohol? Drinks per week?
Are you a smoker? Average per day?
Explain your current skin care routine.
Would you be ok with 3-7 days of downtime, which may include peeling skin?
What would you like to achieve today? in two months?
How do you perceive your skin?
If you could change one thing about your skin what would it be?

SKIN ANALYSIS

Skin Type:	Normal	Combination	Acne	Dry	Very Dry	
Skin Texture:	Fine	Medium	Thick	Very thick		
Age Grade:	0	1	2	3	4	5
Acne Grade:	0	1	2	3	4	
Fitzpatrick:	I	II	III	IV	V	VI
Pigmentation:	P.I.H.	Melasma	Sun Damage	Area(s)		
Rosacea:	None	Nose	Cheeks	Chin	Forehead	Face
Broken Capillaries:	None	Nose	Cheeks	Chin	Forehead	Face

Would you be interested in discussing a plan for addressing ____________ ____________ and ____________?

Course/Treatment recommended:



Patch test: Yes No

I certify that all the above information is accurate, and that if any changes occur I will notify this clinic immediately.
I authorize the publication of my photos (my identity will remain secret).

Clients signature: | Date:
Print Name:

Skin Therapist signature: | Date:
Print Name:

DQ-FORM-03