# Bioelements SkinReading® System

**PROFESSIONAL VERSION**

## CLIENT INFO

Name

Date

Address

Phone

Email

## PERSONAL INFORMATION

| | Question | 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. | Do you smoke? | ☐ | ☐ |
| 5. | Have you taken Accutane® within the past 12 months? | ☐ | ☐ |
| 6. | Have you used Retin-A®/Renova®, or any powerful alpha hydroxy acids within the past 3 months? | ☐ | ☐ |
| 7. | Have you had a medical peel within the past 6 months? | ☐ | ☐ |
| 8. | Do you have a pacemaker or any pins in bones? | ☐ | ☐ |
| 9. | Do you currently wear contact lenses? | ☐ | ☐ |
| 10. | Are you currently under a physician's care for any skin condition? If the answer is yes, please describe. | ☐ | ☐ |
| 11. | Have you ever had an adverse reaction to a cosmetic product or ingredient? If the answer is yes, please describe. | ☐ | ☐ |
| 12. | Have you ever had an adverse reaction to a skin care treatment? If the answer is yes, please describe. | ☐ | ☐ |

13. What are your skin concerns and challenges?

14. What are you currently using on your skin?

Daytime ______ Evening ______

Weekly / Special Treatments ______

15. My esthetician may choose to use surface peeling products during my facial and I give consent.

**Client Signature** ______ **Date** ______ **Esthetician's Initials** ______ **Date** ______

## SKINREADING REVIEW

2nd visit: ______ Date ______

3rd visit: ______ Date ______

4th visit: ______ Date ______

BIOELEMENTS®

PROFESSIONAL SKIN CARE