Progressive Laser LLC

"Science enhancing Beauty..."

Skin Care Procedures

Please read carefully, complete and date this form prior to your procedure.

Name: _____ Date: _____

Facial Analysis: (*For an effective personalized treatment, please be as accurate as possible.)*

1. **Skin Type**
   - ❑ Normal
   - ❑ Dry
   - ❑ Combination
   - ❑ Oily
   - ❑ Acneic
   - ❑ Mature
   - ❑ Reactive/Breakout
   - ❑ Sensitive/Rosacea

2. **What are your present skin care concerns?**
   - ❑ Blackheads
   - ❑ Whiteheads
   - ❑ Enlarged Pores
   - ❑ Hypo/Hyper Pigmentation
   - ❑ Acne Scars
   - ❑ Tone/Texture
   - ❑ Fine Lines/Wrinkles
   - ❑ Lack of Elasticity
   - ❑ Puffiness
   - ❑ Dark Shadows
   - ❑ Sun Damage
   - ❑ Visible Capillaries
   - ❑ Other: _____

3. **How often do you receive facials**?
   - ❑ Regularly
   - ❑ Seldom
   - ❑ Never

4. **Have you ever received any of the following spa services?**
   - ❑ Microdermabrasion Date: _____
   - ❑ Enzymes Date: _____
   - ❑ Chemical/Acid Peels Date: _____
   - ❑ Waxing Services Date: _____
   - ❑ Laser Services Date: _____
   - ❑ Botox or Filler Injections Date: _____
   - ❑ Other Date: _____

5. Have you ever been diagnosed with any of the following skin disorders?

- ❑ Acne
- ❑ Seborrhea
- ❑ Eczema
- ❑ Psoriasis
- ❑ Skin Cancer
- ❑ Rosacea
- ❑ Contact Dermatitis

6. Are you currently undergoing chemotherapy/radiation therapy?

- ❑ No
- ❑ Yes (Please Specify) _____

7. Are you currently taking any medications, herbs, vitamins, Accutane?

- ❑ Internal: _____
- ❑ Topical: _____

8. How many glasses of water do you consume daily?

- ❑ 1-2
- ❑ 3-5
- ❑ 6-8+

9. For women only….

- ❑ Regular Menstruation
- ❑ Hormonal Problems
- ❑ Pregnant
- ❑ Menopause
- ❑ Lactating
- ❑ Birth Control Pill

10. What skin care treatments are you interested in?

- ❑ HydraFacial (Signature, Deluxe, Radiance, Restorative, Platinum)
- ❑ Clinical Facial
- ❑ Dermaplaning
- ❑ Chemical Peel

11. If you could improve one thing about your skin, what would it be? _____

_____

12. Do you use the following products at home?

- ❑ Eye-Makeup Remover Brand: _____
- ❑ Cleanser Brand: _____
- ❑ Toner Brand: _____
- ❑ Moisturizer Brand: _____
- ❑ Exfoliator Brand: _____
- ❑ Mask Brand: _____
- ❑ Serums Brand: _____
- ❑ Makeup Brand: _____
- ❑ Sunscreen Brand: _____

Skin Analysis
(Professional Use Only):

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