

## ***TICK BOX***

Have you been feeling stressed out or fatigued lately?

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How often?

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Do you have any pain?

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Where does it hurt?

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How does it hurt? Frequency?

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Have you been to your GP and consulted with them? Don't ignore pain , as often it's a sign that something is happening within your body. Are you taking any medication for this pain?

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Do you have a formal diagnosis?

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What precautions do you take and were you told about by your GP?

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Which of the following best describes your skin type? This classification is based on the Fitzpatrick skin pigmentation scale. You can easily view the Fitzpatrick scale by searching in google.

(Tick One)

TYPE 1:	Highly sensitive, always burns, never tans. Skin: pale white/freckles Example: Red hair with freckles
TYPE 2:	Very sun sensitive, burns easily, tans minimally. Skin: Pale/white Example: Fair skinned, fair hair, blond/brown
TYPE 3:	Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Skin tone: White, light brown, mediterranean complexion/ Asian Hair: medium brown, brown, dark brown
TYPE 4:	Minimally sun sensitive, burns minimally, always tans to moderate brown. Skin: Medium brown/dark brown Hair: Brown to dark brown
TYPE 5:	Sun insensitive skin, rarely burns, tans well. Skin tone: dark brown Hair: Dark brown
TYPE 6:	Sun insensitive, never burns, deeply pigmented. Skin tone: black Hair: Black



Do you have any special skin problems or concerns pertaining to your face or body?

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Please specify how long have you had this problem? Onset?

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Have you ever had chemical peels, laser or microdermabrasion (uses tiny crystals/exfoliatin to help remove the superficial layer of dead skin cells)?

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How many in the last month?

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Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? If yes, please describe.

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What areas of concern do you have regarding your

**Skin**

Breakouts/Acne	Blackheads/Whiteheads
Excessive Oil/Shine	Rosacea
Broken Capillaries	Redness/flushing patches,bumps
Sun Spot/Liver Spot/Brown Spot	Uneven Skin Tone
Sun Damage	Wrinkles/Fine Lines
Dull/Dry Skin	Flaky Skin
Dehydrated	Other

**Eyes area**

Dehydrated	Wrinkles
Puffiness	Dark Circles
Other	

**Lips**

Dehydrated	Other
Cracked	Chapped Lips

**Hair**

Brittle?	Yes No
Falling out?	Yes No
Strong and Healthy?	Yes No



## Sleep

Well - hrs .....	Yes	No
Disturbed, hrs .....	Yes	No
Problems falling asleep.....	Yes	No
Alertness on waking up.....		

## Finger nails

Biting nails	Yes	No
Pale	Yes	No
White	Yes	No
Bluish		
Yellow		
Rippled/pitted		
Brittle/cracked/split/dry		
Dark lines beneath nail		

What are your skin goals?

Do you have any allergies? If yes, specify



Your weight in kilograms:

**Blood pressure**

When last checked?

Result

Normal / High / Low

**Blood level sugar**

Normal / Type 2 Diabetes / Type 1

Thyroid function?

Normal / Under active / Over active

