



SKIN CARE CONSULTATION FOLLOW UP

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Name: _____ Date: _____

What recent changes have you noticed overall about your skin?

What changes have you seen in your skin attributable to your last treatment?

Is there a particular area in which you want to see improvement?

Are you satisfied with the results?

Do you have any questions for your therapist or esthetician?

Do you have an upcoming special event or are you traveling within the next 6 weeks?

Has there been a change in your...

☐ Medication

☐ Atrophy

☐ Capillary

☐ Desquamation

☐ Acne

☐ Collagen Degeneration

☐ Skin Care

☐ Hypertrophic Scar

☐ Pruritis

☐ Telangietasia

☐ Pigmentation

☐ Aging

☐ Water Intake

☐ Keloid Scar

☐ Diet

☐ Post Surgical Complications

OTHER:

☐ _____

Initials: _____
