

CONFIDENTIAL PATIENT INFORMATION / MEN

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Date _____

Name _____ Date of Birth _____

Address _____

Email Address _____

Daytime Phone _____ Work Phone _____ Cell Phone _____

Your Occupation _____

Dermatologist _____ Phone _____ / Physician _____ Phone _____

Emergency Contact _____ Phone _____

Referred by Friend ☐ Newspaper Advertisement ☐ Mailer or Insert ☐ Other _____

Yes ☐ No ☐ Is this your first facial? Yes ☐ No ☐ body treatment? Yes ☐ No ☐ massage?

What is the reason for your visit today? _____

What special concerns do you have? _____

Yes ☐ No ☐ Are you currently under a physician's care for any skin conditions?

If so, what condition specifically: _____

Yes ☐ No ☐ Have you had a recent operation? If so, please describe _____

Yes ☐ No ☐ Date of last dental exam ____/____/____

Yes ☐ No ☐ Were dental x-rays required?

Yes ☐ No ☐ Do you wear contact lenses?

Yes ☐ No ☐ Do you smoke?

Yes ☐ No ☐ Do you have difficulty managing stress?

Yes ☐ No ☐ Do you or have you had cancer? If so, what type _____

Yes ☐ No ☐ Are you using (or used): Azelex ☐ Differin ☐ Renova ☐ Retin-A ☐ Tazarac ☐ Accutane ☐
Glycolic or Alphahydroxy Acids ☐ If so, how long? _____

Yes ☐ No ☐ Do you have acne or experience frequent blemishes? How frequently: _____

Yes ☐ No ☐ Do you have any allergies? If so please list: _____

Yes ☐ No ☐ Are you taking medications? If so please list: _____

What products do you presently use for face and body? Soap ☐ Cleanser ☐ Toner ☐ Scrub ☐
Moisturizer ☐ Mask ☐ Sunscreen ☐ Other: _____

Do you take: Fish Oil ☐ Flax Seed ☐ Multivitamin ☐ Energy-Enhancing Supplement ☐

Daily water consumption? None ☐ 1-4 glasses ☐ 5-8 glasses ☐ More than 8 ☐

Daily caffeine consumption? None ☐ 1-2 cups of coffee ☐ 1-2 cans of soda ☐ ...or more ☐

How often do you exercise? Never ☐ daily ☐ 2-3 times a week ☐ weekends only ☐

How do you shave? Razor ☐ Electric ☐ Depilatory ☐

How often do you shave? Never ☐ daily ☐ 2-3 times a week ☐ weekends only ☐

Do you shave: before you shower? ☐ while you shower? ☐ after you shower? ☐

What shaving products do you use? pre-conditioner ☐ shave cream ☐ after shave lotion ☐

Please check if you are affected by or are currently experiencing any of the following:

- | | | | |
|---|---|---|---|
| Anemia ☐ | Cortisone treatments ☐ | High blood pressure ☐ | Respiratory disease ☐ |
| Arthritis ☐ | Diabetes ☐ | Immune Disorders ☐ | Shortness of breath ☐ |
| Asthma ☐ | DVT or Phlebitis ☐ | Jaw pain ☐ | Sinus problems ☐ |
| Back problems ☐ | Eating Disorder ☐ | Kidney disease ☐ | Skin diseases ☐ |
| Bleeding gums ☐ | Eczema ☐ | Liver disease ☐ | Skin rash ☐ |
| Blood disorders ☐ | Epilepsy ☐ | Lupus ☐ | Swelling of feet or ankles ☐ |
| Broken Bones ☐ | Fever blisters ☐ | Metal pins or plates ☐ | Thyroid problems: |
| Bruise Easily ☐ | Headaches ☐ | Nervous problems ☐ | Hyperthyroid ☐ |
| Cardiac problems ☐ | Hemophilia ☐ | Numbness ☐ | Hypothyroid ☐ |
| Chemotherapy ☐ | Hepatitis ☐ | Pacemaker ☐ | Ulcer ☐ |
| Circulatory problems ☐ | Herpes ☐ | Psychological problems ☐ | Urinary/kidney problems ☐ |
| Claustrophobia ☐ | HIV/AIDS ☐ | Radiation treatments ☐ | Varicose Veins ☐ |

Please explain any of the above, including treatments or any significant others not mentioned: _____

Please check any known allergies:

Aspirin ☐ Barbiturates ☐ Codeine ☐ Iodine ☐ Local anesthesia ☐ Penicillin ☐ Sulfur ☐ Other ☐ _____

I understand that the services offered are not a substitute for medical care and any information provided by the esthetician is for educational purposes only and not diagnostically prescriptive in nature. I further understand that the information herein is to aid the esthetician in giving the most appropriate and safe treatment available and remains confidential.

Client Signature _____ Date _____

Consent to administer treatment for Minor/Dependent: Parent/Guardian _____ Date _____

Esthetician: _____ Makeup Artist: _____ Massage Therapist: _____

Hair Removal Technician: _____ Client comfort level: Sensitive ☐ Hot ☐ Cold ☐



FACIAL ASSESSMENT (MEN)



Date _____

Name _____

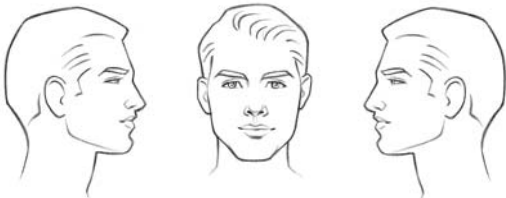
SKIN ANALYSIS 1 (Magnifying Lamp)

Skin Type Normal ☐ Dry ☐ Oily ☐ Combination ☐

Skin Texture Thin ☐ Medium ☐ Thick ☐

Moisture Level Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Comfort Level Sensitive ☐ Hot ☐ Cold ☐



SKIN ANALYSIS 2 (Wood's Lamp)

Muscle Tone Good ☐ Fair ☐ Fallen ☐

Pigmentation Fitzpatrick I II III IV V VI

Rubin 1st 2nd 3rd

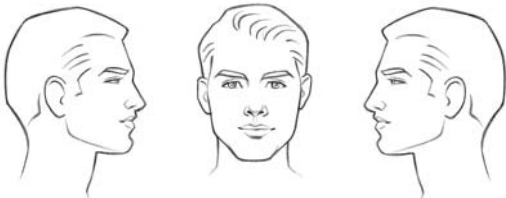
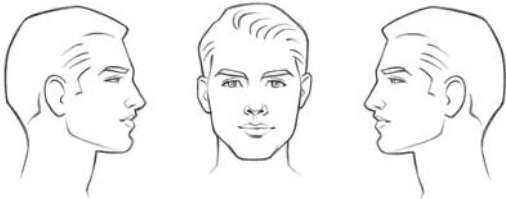
Hyperpigmentation ☐ Hypopigmentation ☐

Birthmarks ☐ Some Freckling ☐ Heavy Freckling ☐

Generalized Post Traumatic Dyschromis ☐ Albinism ☐

Melasma Grauiidarum ☐ Lichen Simplex Chronicus ☐

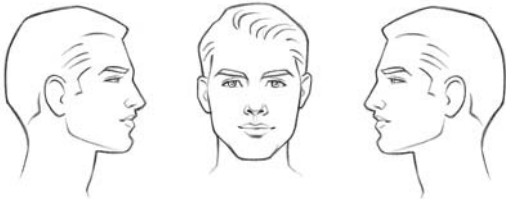
Vitiligo ☐ Hemochromatosis ☐ Lamellar Ichthyosis ☐



Lines Glogau I II III IV

Deep Wrinkles ☐ Superficial Lines ☐

Crow's Feet ☐ Expression Lines ☐



Overall Sensitivity Normal ☐ Hypersensitive ☐ Hyposensitive ☐

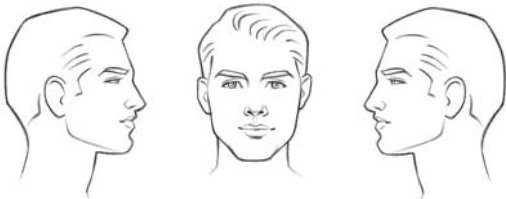
Nose Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Cheek Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Chin Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Forehead Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Entire face Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐



Acne Grades: I II III IV Location

Degrees of Burn: 1st 2nd 3rd

Other Conditions Lesions ☐ Open lesions ☐ Inflamed Erupted Skin ☐

Psoriasis ☐ Dermatitis ☐ Herpes Simplex ☐ Shingles ☐

Skin Cancer ☐ Sunburn ☐ Ezema ☐ Edema ☐



Procedure/Date Botox __/__/__ ☐ Collagen Injection __/__/__ ☐ Permanent M/U __/__/__ ☐ Laser __/__/__ ☐

Lesions Wood's Lamp and/or Dermascope

Macule ☐

Scale ☐

Plaque ☐

Spider Veins ☐

Vesicle ☐

Moles ☐

Fissure ☐

Telangiectasia ☐

Wheal ☐

Papule ☐

Haemangioma ☐

Comedone:

Crust ☐

Pustule ☐

Hypertrophy Scars ☐

Open ☐

Keloids ☐

Erythema ☐

Tumor ☐

Closed ☐

Lichenification ☐

Excoriation ☐

Cyst ☐

Other ☐

Patch ☐

Warts ☐

Milia ☐

Bulla ☐

Nodule ☐

Fibroma ☐

Other Disorders Dehydrated Skin ☐

Atrophy ☐

Scar ☐

Adult Acne ☐

Hyperkeratinization ☐

Sun Damage ☐

Melonoma ☐

Ulcer ☐

Couperous Skin ☐

Keratosis/Keratoses ☐

Enlarged Pores ☐

Other ☐

Rosacea ☐

Sensitivities ☐

Seborrhea ☐

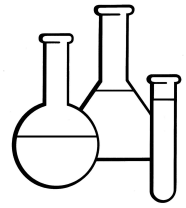
Erosion ☐

Asphyxiated ☐

Irritation ☐



Esthetics Skillbook



SHAVING BEFORE SHOWER (MEN)

1. CLEANSER: *removes product, dirt, oil, and reduces bacteria.*

Dampen hands and apply foam or medicated cleanser upward and outward from the beard line above, downward and outward from the beard line below.

2. SHAVING: *to lubricate the skin and assist in the removal of the beard. Apply the shaving cream (wet shave) or toner/pre-conditioner (electric shave). Shave in the direction of hair growth to avoid ingrown hairs.*

3. RINSE: *with lukewarm water or cold towel and **proceed to shower.***

4. AFTER SHOWER TONER: *to balance ph levels and address antiseptic issues.*

5. MOISTURIZER WITH SPF: *hydrates the upper layers of the epidermis (stratum corneum, stratum lucidum and stratum granulosum) and creates a barrier against UV rays. Apply 20 to 30 minutes before going outside.*

6. EYE CREAM: *to hydrate and for anti-aging properties.*

SHAVING AFTER SHOWER (MEN)

1. SHAVING: *to lubricate the skin and assist in the removal of the beard. Apply the shaving cream (wet shave) or toner/pre-conditioner (electric shave). Shave in the direction of hair growth to avoid ingrown hairs.*

2. RINSE: *with cold water to close pores.*

4. TONER: *to balance ph levels and address antiseptic issues.*

5. MOISTURIZER WITH SPF: *hydrates the upper layers of the epidermis (stratum corneum, stratum lucidum and stratum granulosum) and creates a barrier against UV rays. Apply 20 to 30 minutes before going outside.*

6. EYE CREAM: *to hydrate and for anti-aging properties.*

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How To Apply:

Liquid: spray
Pad: dab, wipe upward
Brush: upwards movement
Serum: palm, sandwich, dab
Cream: neck to forehead
Powder: towards hairgrowth

Manual Exfoliate: upward circular motion
Chemical Exfoliate: apply for one minute, then rinse.

Amounts:

Liquid: One drop
Cream: Pea size
Pump: 1 to 2 pumps



Esthetics Skillbook



Patient Name: _____ Follow Up Appointment: _____

MORNINGS (AM)

1. CLEANSER: *to remove product, dirt, oil, makeup.*

Dampen hands and apply product in upward and outward circular motion from the chin up. For men, upward and outward from the beard line above, downward and outward from the beard line below.

2. TONER: *to balance ph.*

3. MEDICATION: *to correct skin conditions within the epidermis.*

4. SERUM: *to stimulate within the deeper layers of the epidermis (stratum spinosum, stratum basale and mucosom).*

5. MOISTURIZER: *hydrates the upper layers of the epidermis (stratum corneum, stratum lucidum and stratum granulosum)*

Face _____

Eye _____

Lip _____

6. SUNBLOCK: *Apply 20 to 30 minutes before going outside.*

7. MAKEUP

How To Apply:

Liquid: spray

Pad: dab, wipe upward

Brush: upwards movement

Serum: palm, sandwich, dab

Cream: neck to forehead

Powder: towards hairgrowth

Manual Exfoliate: upward circular motion

Chemical Exfoliate: apply for one minute, then rinse.

Amounts:

Liquid: One drop

Cream: Pea size

Pump: 1 to 2 pumps

EVENINGS (PM)

1. CLEANSER: *to remove product, dirt, oil, makeup.*

Dampen hands and apply product in upward and outward circular motion from the chin up. For men, upward and outward from the beard line above, downward and outward from the beard line below.

2. TONER: *to balance ph.*

3. EXFOLIATE: *to retexturize the epidermis.*

4. MEDICATION: *to correct skin conditions within the epidermis.*

5. SERUM: *to stimulate within the deeper layers of the epidermis (stratum spinosum, stratum basale and mucosom).*

6. MOISTURIZER: *hydrates the upper layers of the epidermis (stratum corneum, stratum lucidum and stratum granulosum)*

Face _____

Eye _____

Lip _____

7. MASK: *specific treatment for the epidermis.*

8. TARGET AREA:

Esthetics Skillbook

NUTRITION PLAN

BEFORE BREAKFAST

MID-DAY SNACK

BREAKFAST

DINNER

LUNCH

AFTER DINNER
