



Institute Epidermal Cell Therapy Signature Facial Basic Esthetics Treatment Notes
Cleanse/ Product Removal with Sponge / Woods Lamp

Patient: _____ Date: _____
 Esthetician: _____

Pre-Treatment Notes

(Information collected from Confidential Patient Information and Patient At Home Protocol).

Analysis:

Magnifying Lamp

Analyze client's skin to determine skin type

Skin Type: Sebum level activity Scale

☐	Sebacous Activity Present?	No/Yes
Low	Medium	High
	Location	

**Skin Type Classification
(For Retail)**

Normal Skin:
1. Appears to be functioning normally, is neither too dry nor oily.
2. Has some enlarged pores on the T-Zone, some blocked pores and very few comedones.
3. On the cheeks the pores are normal, no blocked pores and no comedones.
4. Usually free of blemishes that require extensive treatment.
5. Skin metabolism can be improved by stimulation through massage.
6. Regular care will assure that normal skin continues to function in a normal way.
7. The main objectives of the esthetician are to cleanse the skin of dead cells and remove impurities from the follicles.



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Oily:
1. Oily skin is a hereditary condition that develops due to overactive sebaceous glands.
2. This activity is controlled by the androgen hormone.
3. Oily skin can be recognized by its shiny, thick appearance.
4. Pores are enlarged, with many blocked pores and comedones.
5. Skin is sallow in appearance and is more prone to pimples and blemishes because of its over-lubrication with excessive oil, but less prone to wrinkles and fine lines.
6. The oil also helps keep moisture in the skin from evaporating.

Dry:
1. Skin appears tight, dull in color.
2. Dry skin develops as a result of sebaceous gland under activity.
3. Skin dryness though hereditary like the skin oiliness, also results from the aging process.
4. As all body activities slow down, oil gland activity slows as well. Dry skin tends to be dehydrated.
5. Dry skin is characterized as very fine, overly delicate and thin.
6. Pores are almost invisible.
7. The skin tends to wrinkle easily and is often filled with tiny superficial lines.
8. As the person advances in years, the body's cell renewal process slows down and the cells are not replaced as quickly as before.
9. Massage can be very effective in stimulating skin metabolism.

Combination:
1. This skin is characterized by two or more different conditions.
2. The T-zone, which consists of the frontalis, nasalis, and mentalis, is oily, but the rest of the face is normal or even dry.
3. The condition must be treated separately or with products especially formulated for combination skin.
4. Skin types are hereditary and are the result of the oil glands functioning.
5. Skin types can be classified into four categories: Normal, oily, dry, and in most cases a combination of skin types, such as an oily T-Zone and normal zygomatic arches.
6. The notion that one person's skin can be oily and dry is more confusing in concept than reality. For example, when people describe the skin as being oily and suddenly being dry, they are referring to an oily skin type that is losing moisture.
7. Moisture can be lost because of excessive use of astringents, soaps and scrubs in an attempt to reduce the amount of oil secretion.
8. While the skin is an oily type, this dryness should be considered a skin condition and is properly referred to as dehydration, or lack of moisture, rather than oil.

Precleanse Product
Makeup Removal: _____

1 _____

Second Skin Consultation & Bone Composition with Wood Lamp

Week 4A - #202 Structure and Function of the Skeletal System - Facial Cleanse & Sponge

Week 4B - #315 Second Skin Analysis & Consultation- Pigmentation & Inflammation



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Skin Characteristic: Function

Visual/Elasticity Move the skin; touch it to see how it moves back. Good – 1 Poor – 2 Fair – 3 Bad - 4	Elasticity permits the body to move freely without danger of tearing or rupturing when we stretch or bend. This is due mainly to the network of elastin and collagen fibers found in the dermis. Elasticity gives the skin the flexibility to withstand any physical pressure that could puncture it or leave a portion of the body unprotected. Skin bounces back when lightly pinched; moisture level. Loss of elasticity.
Visual/Texture Rub Skin Is the skin slick? Thin/Medium/Thick	Skin has different degrees of thickness on different parts of the body. It is thin around the eyes and thick on the palms of the hands and soles of the feet. In general, a man's skin is thicker than a woman's. The skin has structural folds formed by movement and muscular contraction (i.e. wrinkles). The skin feels smooth because of hair growing on its surface. Is there new scarring? This allows determination of absorption of product or penetration. Signs of acne lesions or scars.
Temperature Control Extremes Use back of hand to determine differences in temperatures. Hot-Dilated Cold-Constrict	The skin controls the body's temperature by opening or closing its pores and regulating the secretion of sweat from its glands. Hot flashes cause bacteria to be more present; Antiseptic cleansers. If always cold: harder absorption; slower healing; products should lay on skin i.e. heavier. Pores are either dilated or constrict. When the pore or follicle openings are dilated this creates a pathway for bacteria and free radicals to get into the skin. This can cause different skin conditions.
Visual/Sensations Determining touch and facial movement of treatment Ask if sensitive to hot or cold.	The skin is the sensory organ with which we touch and feel the world. The nerves in the skin enable us to gather vital information about the environment for our survival in it. (Questions to ask); Is the client sensitive to hot or cold. What is the client's pain tolerance on a level of 1 – 10? Does the client experience sensitivity to smells?
Visual/Permeability Stretch skin to check for dehydration Ask is the skin slick?	The stratum corneum is a waterproof and water resistant barrier that does not allow harmful foreign bodies to penetrate. Keratin in the outer cells makes the skin impermeable. Texture of the stratum corneum; Thin, Medium, or Thick? Thicker, break it down (light exfoliation) smooth out to allow penetration. Ideal: medium texture. Thin: Only use hydration cream no exfoliation. If thin, build it up before treating using products formulated for sensitive skin. Laser or chemical scarring

Cleanser Product _____
Makeup Removal: _____
1 _____



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Woods lamp

Analyze client's skin to determine overall condition of the epidermis

1.	<u>White Fluorescence</u> – Thick corneum layer.	
	White Spots - Horny layer of the skin and dead skin cells	
	Blue-White - Normal and healthy skin.	
	<u>Fluorescence</u> – Thin skin without enough moisture (dehydrated).	
	Light Violet – Dehydrated skin	
	Bright Fluorescence – Hydrated Skin	
	Yellow - Oily areas of the face and comedone	
	Pink – Oily areas of the face and comedone	
	Brown – Pigmentation and dark spots	
	Orange - bacteria of the face and comedone	

Steamer Machine Settings:

Distance _____ Vapor _____ Aromatherapy _____

Ozone: On / Off

Review

Visual/Texture Rub Skin Is the skin slick? Thin/Medium/Thick	Skin has different degrees of thickness on different parts of the body. It is thin around the eyes and thick on the palms of the hands and soles of the feet. In general, a man's skin is thicker than a woman's. The skin has structural folds formed by movement and muscular contraction (i.e. wrinkles). The skin feels smooth because of hair growing on its surface. Is there new scarring? This allows determination of absorption of product or penetration. Signs of acne lesions or scars.
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Cleanser 1 _____
2 _____

Review

Visual/Sensations Determining touch and facial movement of treatment Ask if sensitive to hot or cold.	The skin is the sensory organ with which we touch and feel the world. The nerves in the skin enable us to gather vital information about the environment for our survival in it. (Questions to ask); Is the client sensitive to hot or cold. What is the client's pain tolerance on a level of 1 – 10? Does the client experience sensitivity to smells?
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Vocabulary/Language

1. Clavicle - Collarbone; bone joining the sternum and scapula.
2. Cranium - Oval, bony case that protects the brain.
3. Ethmoid Bone - Light, spongy bone between and eye sockets that forms part of the nasal cavity.
4. Frontal Bone - Bone forming the forehead.
5. Humerus - Shoulder. Uppermost and largest bone in the arm, extending from the elbow to the shoulder
6. Hyoid Bone - U-shaped bone at the base of the tongue that supports the tongue and its muscles; also called "Adam's apple."
7. Lacrimal - Small, thin bones located in the anterior medial wall of the orbits (eye sockets).
8. Thorax – The elastic bony cage that serves as a protective framework for the heart, lungs, and other internal organs
9. Mandible - Lower jawbone; largest and strongest bone of the face.
10. Maxillae - Bones of the upper jaw.
11. Metacarpus - Bones of the palm of the hand; parts of the hand containing five bones between the carpus and phalanges.
12. Nasal Bones - Bones that form the bridge of the nose.
13. Occipital Bone - Hindmost bone of the skull, located below the parietal bones.
14. Parietal Bones - Bones that form the sides and top of the cranium.
15. Phalanges - Bones of the fingers and toes (single: phalanx).
16. Radius - Smaller bone in the forearm on the same side as the thumb.
17. Cervical Vertebrae – The seven bones at the top part of the vertebral column, located in the neck region
18. Scapula - One of a pair of should blades; large, flat triangular bone of the shoulder.
19. Skeletal System - Physical foundation of the body, composed of the bones and movable and immovable joints.
20. Carpus - The wrist; flexible joint composed of a group of eight small, irregular bones held together by ligaments.
21. Sphenoid Bone - Bone that joins all the bones of the cranium together.



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22. Sternum - The flat bone or breastbone that forms the ventral support of the ribs.
23. Temporal Bones- Bones forming the sides of the head in the ear region.
24. Joints – Connections between two or more bones of the skeleton
25. Thorax - The chest; elastic, bony cage that serves as a protective framework for the heart, & lungs

Notes