

Skillsbook Protocol Index

Infection Control/ Advanced Skin Care Consultation & Analysis - Woods Lamp / Draping & Greeting/ Hand Treatment /Facial Analysis Assessment/Face Shapes/ Face Measurement/ Eye Shape & Fitzpatrick Color Assessment/ Makeup Assessment/ Pre Cleanses/ Magnifying 1st Look/Color Theory/ Tweezing Eyebrows /Shaping Eyebrows / Sebaceous Activity Assessment/ Skin Types Assessment/ Hydration Level Assessment/ Retail Products/ Magnifying Lamp with Consultation/ Skin Composition Assessment - Melanin Assessment/ Skin Characteristics Assessment/ Cleansing Movement Technique - Effleurage & Friction/ Facial Cleanse/Wood's Lamp - Conditions

/Second Skin Analysis & Consultation/ Eyebrow Grooming/ Pigmentation & Inflammation Assessment / Fitzpatrick Scale Complexion Colors/ Fitzpatrick Scale Assessment/ Third/ Fourth Analysis Assessment Growth and Burn Assessment Mechanical Exfoliation – Crystal Microdermabrasion Mechanical Exfoliation – Diamond tip Microdermabrasion (Hand/ Nose)/ Manual Exfoliation – with Chemical Exfoliation AHA, BHA, Enzymes / Mechanical Exfoliation -Rotary Brush Machine/ Mechanical Exfoliation – Ultrasonic/ Mechanical Exfoliation - DermaPlaning/ Hot Towel/ Indirect High Frequency – Neon & Spray Machine/ Serum Application/ Mechanical Lymphatic Drainage - Photolight Therapy – (Yellow)Mechanical Lymphatic Drainage - Vacuum Suction/ Manual Lymphatic Drainage- open nodes / Chemical Exfoliation AHA, BHA, Enzymes / Glycolic Acid /20% Beta Hydroxy Acid/Jessner's /TCA 20%/ Photolight Therapy - Red (LED/ High Frequency –Neon/ Sixth Analysis Assessment/ Manual Massage Techniques/ Manual Face & Body Massage/ Manual Lymphatic Drainage /Seventh Skin Analysis Assessment/ Glogau Assessment - Fines Lines & Wrinkles / Mechanical– Ultrasonic Hot Hammer/ Steamer/ Galvanic - Desincrustation/ Grades of Acne /Extraction /High Frequency Direct –Argon /Bio Lift Treatment / Galvanic - Iontophoresis & Ampoule/ Melanin Assessment /Rubin Scale/ Antioxidants / Microcurrent/ Mask Product & Application/ Mechanical – Ultrasonic Cold Hammer / Hair Removal – Hair Follicle Assessment/ Hair Removal Assessment / Hair Growth Cycle /Hard & Soft Waxing / Sudoriferous Gland Activity /Assessment/Tweezing Eyebrows /Shaping Eyebrows /Product Ingredients Analysis Assessment – Follow up Treatment Plan/ Eyebrow and Lash Tint & Perming Application Color Theory/ Hard and Soft Body Waxing Underarm & Arms/ Body Treatment/ Hand Massage & Nail/ Cuticle Health Assessment/ Advanced Makeup/ Sun Protection/ Product Recommendation

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

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

If not, when was your last facial _____ body treatment _____ massage _____?

What is the reason for your visit today? Severe Acne

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 and for how long: _____

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

Yes ☐ No ☒ Were any medications prescribed?

Yes ☐ No ☒ Are you still on medication?

Yes ☐ No ☒ If so, what kind? _____ What is the dosage? _____

Yes ☐ No ☒ Is the area of the operation still sensitive to different temperatures or amounts of pressure?

What is the date of your last gynecological visit? _____ Pap smear? Yes ☐ No ☐

Breast exam? Yes ☐ No ☐ Mammogram? Yes ☐ No ☐ Menstrual cycle? Yes ☐ No ☐

Yes ☐ No ☒ Are you pregnant? If so, how far along? _____ Are you (will you be) nursing? Yes ☐ No ☐

Yes ☐ No ☒ Are you taking birth control? If so, what kind and for how long? _____

Yes ☐ No ☒ Have you seen any changes in your skin since you started using it?

If you have, what changes have you seen? _____

Yes ☐ No ☒ Are you on hormone replacement therapy?

If so how has your skin adjusted to it? _____

Yes ☐ No ☒ Have you had any problems with moisture loss/becoming drier in any areas?

Date of last dental exam ____/____/____

Yes ☐ No ☒ Were dental x-rays required?

- Yes ☒ No ☒ Do you wear contact lenses?
- Yes ☐ No ☒ Do you smoke? If so, how much and how often? _____
 Do you normally smoke inside ☐ or outside ☐?
 If you DO NOT smoke, are you around smoke while at home ☐ or in the workplace ☐?
 If yes, how often are you around it? _____
- Yes ☒ No ☐ Do you have difficulty managing stress?
- Yes ☐ No ☒ Do you or have you had cancer?
 If so, what type and where? _____
 When was it discovered? _____
 When was your last treatment? _____
 What kind of treatment was it? _____
- Yes ☒ No ☐ Has anyone in your family ever been diagnosed with cancer?
 If so, how are they related to you? Great grandmother on Morhers side-breast
 Are you using (or used): Azelex ☐ Differin ☐ Renova ☐ Retin-A ☐ Tazarac ☐ Accutane ☐
 Glycolic or Alphahydroxy Acids ☐ If so, how long? _____
 What are you using it for? _____
- Yes ☐ No ☒ Have you noticed a difference? If so, what? _____
- Yes ☐ No ☒ Do you have any concerns with the use of this product? If so, what? _____
- Yes ☒ No ☐ Do you have acne or experience frequent blemishes? How frequently: _____
- Yes ☒ No ☐ Do you have any allergies? If so please list: Cats
- Yes ☐ No ☒ Are you taking allergy medications? If so please list: _____
- Yes ☐ No ☒ Are you taking any medications not listed above? If so, please list: _____
 What products do you presently use for face & body? Soap ☐ Cleanser ☒ Toner ☒ Scrub ☐
 Moisturizer ☒ Mask ☐ Sunscreen ☐ Other: Dr. Bronners hemp&teatree castile soap
 What brand/line are these products? Thayers - lavender witch hazel, jojoba& rosehip oil
 How do these products seem to be working for you? _____
 How often do you use these products? Daily
 What is the SPF in any sunscreens you may be using? Tizio3 mineral sunscreen
 Do you take: Fish Oil ☐ Flax Seed ☐ Multivitamin ☐ Energy-Enhancing Supplement ☐
 If so, what kind and how often? _____
- Yes ☐ No ☐ Have you noticed a difference in anything? _____
 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 ☐

This is Page 2 of 3 pages.



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: _____











Esthetics Skillbook

FACIAL ASSESSMENT (WOMEN)

Date _____

Name _____

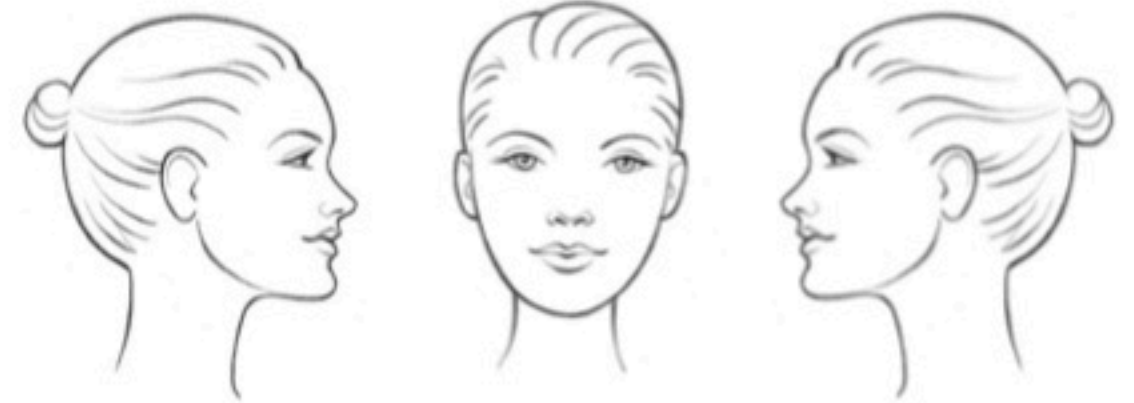
SKIN ANALYSIS 1 (Magnifying Lamp)

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

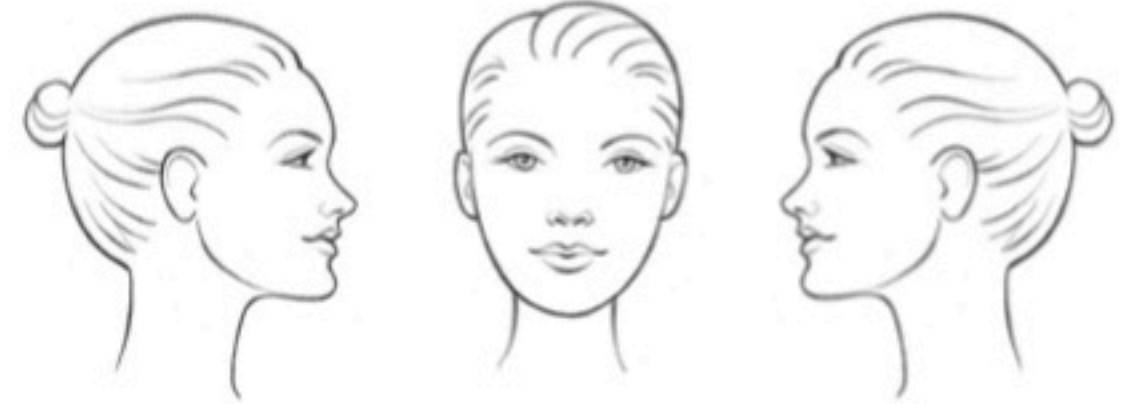
Hyperpigmentation ☐ Hypopigmentation ☐

Birthmarks ☐ Some Freckling ☐ Heavy Freckling ☐

Generalized Post Traumatic Dyschromis ☐ Albinism ☐

Melasma Grauiidarum ☐ Lichen Simplex Chronicus ☐

Vitiligo ☐ Hemochromatosis ☐ Lamellar Ichthyosis ☐

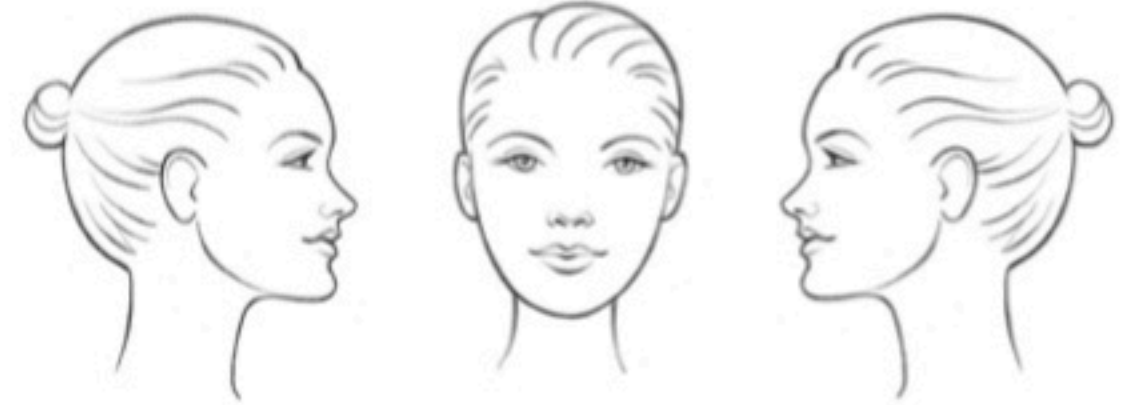


Lines Glogau I II III IV

Deep Wrinkles ☐ Superficial Lines ☐

Crow's Feet ☐ Expression Lines ☐

Overall Sensitivity Normal ☐ Hypersensitive ☐ Hyposensitive ☐



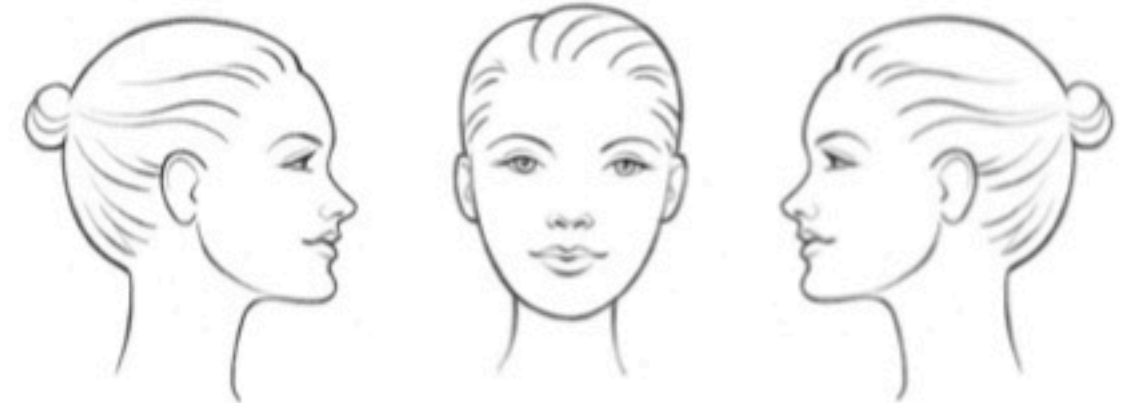
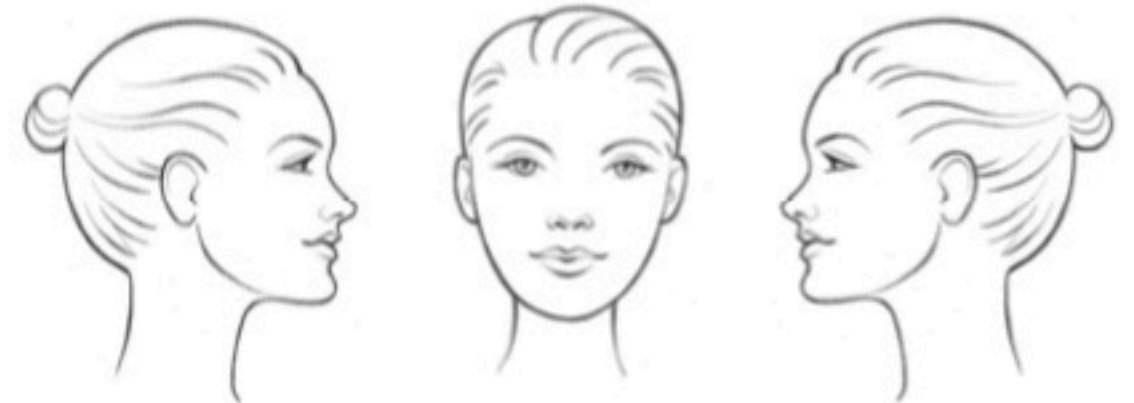
Nose Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

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 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 ☐

Vesicle ☐

Wheal ☐

Crust ☐

Keloids ☐

Lichenification ☐

Patch ☐

Bulla ☐

Scale ☐

Moles ☐

Papule ☐

Pustule ☐

Erythema ☐

Excoriation ☐

Warts ☐

Nodule ☐

Plaque ☐

Fissure ☐

Haemangioma ☐

Hypertrophy Scars ☐

Tumor ☐

Cyst ☐

Milia ☐

Fibroma ☐

Spider Veins ☐

Telangiectasia ☐

Comedone:

Open ☐

Closed ☐

Other ☐



Other Disorders Dehydrated Skin ☐

Hyperkeratinization ☐

Couperous Skin ☐

Rosacea ☐

Erosion ☐

Atrophy ☐

Sun Damage ☐

Keratosis/Keratosises ☐

Sensitivities ☐

Asphyxiated ☐

Scar ☐

Melonoma ☐

Enlarged Pores ☐

Seborrhea ☐

Irritation ☐

Adult Acne ☐

Ulcer ☐

Other ☐