Bioelements SkinReading® System

PROFESSIONAL VERSION

CLIENT INFO

Name | Date

Address

Phone

Email

PERSONAL INFORMATION

1. What are your skin concerns and challenges today?

2. What are you currently using on your skin?

3. Do you have any allergies? ☐ Shellfish ☐ Iodine ☐ Gluten ☐ Soy ☐ Sulphur ☐ Seasonal
   Other (Please list)

4. Are you taking any medications for allergies? ☐ Yes ☐ No
5. Have you ever had an adverse reaction to a cosmetic product? ☐ Yes ☐ No If yes, please describe.

6. Have you ever had an adverse reaction to a skin care treatment? ☐ Yes ☐ No If yes, please describe.

7. Have you ever been diagnosed with skin cancer on the face, scalp, neck or v-area? ☐ Yes ☐ No
8. Do you have any health problems that we need to be aware of? ☐ Cancer ☐ Diabetes ☐ Psoriasis ☐ Lupus ☐ Arthritis ☐ High or Low Blood Pressure ☐ Other (Please list)

9. Are you currently under a physician's care for any skin disorders? ☐ Acne ☐ Rosacea ☐ Eczema ☐ Psoriasis ☐ Other (please list)

10. Are you pregnant or lactating? ☐ Yes ☐ No
11. Have you had a chemical peel, laser or microdermabrasion treatment in the last 6 months? ☐ Yes ☐ No
12. Have you taken Accutane or used Retin-A/Renova within the last 12 months? ☐ Yes ☐ No If yes, when?

13. Do you tan? (Tanning Booth or Outdoor UV Exposure) ☐ Yes ☐ No If yes, how often?
14. Do you smoke or vape? ☐ Yes ☐ No
15. Do you have a pacemaker or any pins in bones? ☐ Yes ☐ No
16. Are you wearing contact lenses today? ☐ Yes ☐ No

CHEMICAL PEEL CONSENT

My esthetician may choose to use a surface peeling chemical exfoliant during my facial and I give consent.

Client Signature Date | Esthetician's Initials Date

BIOELEMENTS®
PROFESSIONAL SKIN CARE

THIS SIDE TO BE COMPLETED BY ESTHETICIAN

SKIN TYPE

Very Dry	Dry	Combination	Oily	Very Oily	Acne	Sensitive
☐	☐	☐	☐	☐	☐	☐

NOTES

SKIN CONCERNS

Eyes and Lips

- ☐ Crow's Feet **(CF)**
- ☐ Lines/Wrinkles **(LW)**
- ☐ Dark Circles **(DC)**
- ☐ Loss of Firmness **(LF)**
- ☐ Milia **(M)**
- ☐ Dehydration **(D)**
- ☐ Crinkly Texture **(CT)**
- ☐ Puffiness **(P)**
- ☐ Vertical Lip Lines **(VL)**
- ☐ Dry Lips **(DL)**

Skin on Face, Neck and V-Area

- ☐ Aging skin **(AS)**
- ☐ Lines/Wrinkles **(LW)**
- ☐ Dehydration **(D)**
- ☐ Flakiness **(F)**
- ☐ Loss of Firmness **(LF)**
- ☐ Smoker's Skin **(SS)**
- ☐ Environmentally Stressed Skin **(ES)**
- ☐ Dull Skin **(DS)**
- ☐ Tanned Skin **(TS)**
- ☐ Rough Texture **(RT)**
- ☐ Pigmented Spots **(PS)**
- ☐ UV Damage **(UV)**
- ☐ Enlarged Pores **(EP)**
- ☐ Excess Oil **(EO)**
- ☐ Milia **(M)**
- ☐ Clogged Pores **(CP)** *(Blackheads/Whiteheads)*
- ☐ Breakouts **(B)** *(Papules/Pustules)*
- ☐ Scarring **(SC)**
- ☐ Post-acne Dark Spots **(PA)**
- ☐ Sensitivity **(S)**
- ☐ Redness **(R)**
- ☐ Visible Capillaries **(VC)**

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