

Full name	
Date	

Environ CONSULTATION CARD



ENVIRON®
a beautiful skin for a lifetime

Step 1: To be completed by the client

Date of birth	
Occupation	
Contact number	
Email address	
May we contact you with information which may be of interest to you?	
	Yes No
Referred by	
Emergency contact person	
Contact number	

A 1 – About your skin:

1. What concerns you most about your skin? Please tick

Ageing	Dehydration	Sensitivity	Pigmentation	Breakouts
Sun damage Wrinkles Fine lines Thin skin Sagging skin	Dry, flaky skin Tight skin Rough texture	Redness Rashes Reactive skin Dilated capillaries Itchiness	Dark pigmented marks Lighter depigmented marks Dark circles in the eye area	Oily T-panel Oily skin Enlarged pores Occasional breakouts Severe breakouts Uneven texture Scarring

2. Any other concerns?

A 2 – About your skin:

1. What is your present skincare routine?

List the brand and specific products being used	
Soap and water	
Pre-cleanser	
Cleanser	
Exfoliator	
Toner	
Serum	
Eye product	
Moisturiser	
Mask	
Sunscreen	
Other:	

A 3 – About your skin:

1. Have you recently had any of the following aesthetic procedures?

Procedure	Treatment Area	Date
Peels		
Facial waxing		
Botulinum toxin		
Fillers		
Microdermabrasion		
Laser resurfacing		
Cosmetic surgery		
Laser hair removal		
IPL		
Microblading		
None of the above		
Other:		

A 4 – About your skin:

1. Have you ever been treated with any of the following?

Treatment	Date
Cis-retinoic acid (Roaccutane®)	
Retin A®, Differin® Gel, Adapalene, Tretinoin, etc.	
Topical antibiotics	
Anti-fungal nail treatments	
Topical cortisone	
Benzoyl peroxide	
Salicylic acid	
Alpha hydroxy acids	
Hydroquinone	
None of the above	
Other:	

C 1 – Medical profile:

1. Do you suffer from any of the following? **Please tick**

Fever blisters

Sinusitis

Allergies e.g. Aspirin*: _____

Food intolerances

Claustrophobia

Cardiac irregularities

Diabetes Type 1/2

High cholesterol

High/low blood pressure

Thyroid condition

Epilepsy

Lupus

None of the above

Other: _____

2. Do you suffer from any of the following skin disorders? **Please tick**

Psoriasis

Eczema

Keloid scarring

None of the above

Other: _____

3. Do you have a pacemaker? **Yes** **No**

4. Do you have metal implants? **Yes** **No**

5. Do you have braces? **Yes** **No**

6. Do you wear contact lenses? **Yes** **No**

7. Are you currently taking any of the following? (Please specify)

Medication:

Nutritional supplements:

B 1 – Lifestyle:

1. General health: **Please tick**

#	Question	Response		
1.	Do you smoke?	Yes	No	
2.	Are you on a specific diet?			
3.	Stress level	Low	Moderate	High
4.	Regular exercise	Yes	No	
5.	How many glasses of water do you drink per day?			
6.	Sun exposure	Low	Moderate	High

D 1 – Female clients:

1. **Please tick**

Hormonal imbalance (polycystic ovarian syndrome, endometriosis, etc.):

Contraceptive: _____

Hormone replacement therapy:

Are you pregnant? **Yes** **No**

Are you lactating? **Yes** **No**

Are you planning pregnancy? **Yes** **No**

E 1 – Male clients:

1. **Please tick**

Shaving method: _____

Irritation from shaving? **Yes** **No**

Step 2: Client permission

Possible effects associated with Electro-Sonic DF Machine treatments

1. You might experience any of the following during treatment:

- Slight flashing over the eyes.
- Tingling sensation in the area that the passive electrode is placed.
- Tingling sensation on the skin.
- A possible high-pitched sound when the sonophoresis probe is applied close to the ears and/or forehead.
- A slight metal taste in the mouth if you have excessive metal fillings or braces.

2. You might experience the following post treatment:

- Temporary redness, which will subside soon after the treatment.
- You could experience a retinoid reaction (flaking, dryness, skin sensitivity or slight breakouts), but this is due to the enhanced penetration of the active ingredients into the skin.

Possible effects associated with an Environ Cool Peel® treatment

1. You might experience a slight tingling sensation during the cool peel treatment.

2. Post peel treatment, the skin will become dry and possibly flake for up to 10 days.

3. The skin will be more sensitive to UV irradiation after a cool peel treatment and therefore requires sun protection.

Please notify your skincare professional if you experience any discomfort during your treatment, including stinging and burning.

Please sign by clicking on the box below. Alternatively, if the Card has been printed, please sign in the field provided.

Client signature: _____
(parent/guardian if applicable)

Skincare professional signature: _____

Date: _____

Step 3: To be completed by the skincare professional

Name

A 1 – *Skin analysis:*

1. Photo type: **Please tick**

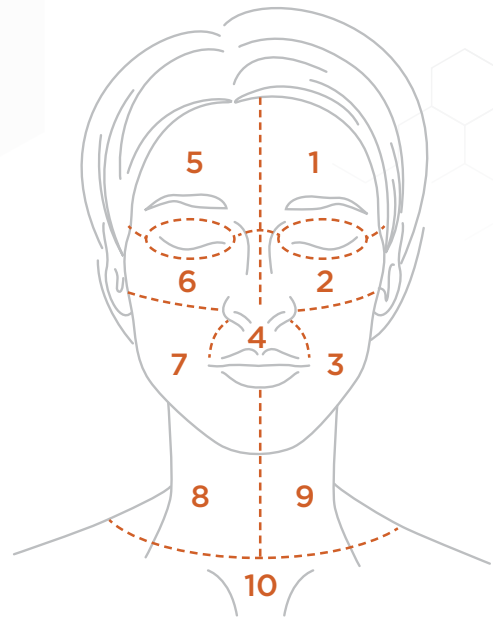
- i. ii. iii. iv. v. vi.

2. Skin texture:

- Fine
Medium
Rough
Combination

3. Skin elasticity:

- Normal - good elasticity
Mild damage - early sun damage
Poor - moderate sun damage
Very poor - severe sun damage



4. Skin condition: **Please tick**

Skin condition	Ageing					Dehydration			Sensitivity			Pigmentation		Blemish-prone				
	Thin texture	Fine lines and wrinkles	Laxity	Keratosis	Elastosis	Flaking	Water dry	Oil dry	Redness/Rashes	Rosacea	Compromised barrier	Hyper-pigmentation	Hypo-pigmentation	Comedones	Papules	Inflamed Pustules	Scarring	Hormonal breakouts
Forehead																		
Between brows																		
Eye area																		
Nose																		
Cheeks																		
Lip area																		
Chin																		
Jaw line																		
Neck																		
Décolleté																		
Total:																		

Additional notes:

5. Date of photographs:

Before: _____

Intermediate: _____

After: _____

Step 4: To be discussed with the client

B 1 – *Treatment plan:*

1. Overall objective:

2. Home-care routine recommendation. Environ Skin Care Prescription³ method:

Step	AM	PM
<i>Step 1: Essential Care</i>		
Skin preparation Normalise the skin type with vitamin A		
<i>Step 2: Focused Care</i>		
Target specific skin conditions by adding Focus Care™		
<i>Step 3: Even More Care</i>		
Protect and enhance with Even More		

3. Professional treatment plan - overall objective:

Essential Treatments: _____

Focus-On Treatments: _____

Cool Peel Treatments: _____

4. Treatment record: to complete after each treatment

	Date	Treatment Name	Treatment Serum(s)	Samples Given	Notes
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					