

BIOELEMENTS®

CLIENT QUESTIONNAIRE

NAME _____ DATE _____

ADDRESS _____

PHONE (HOME) _____ (BUSINESS) _____

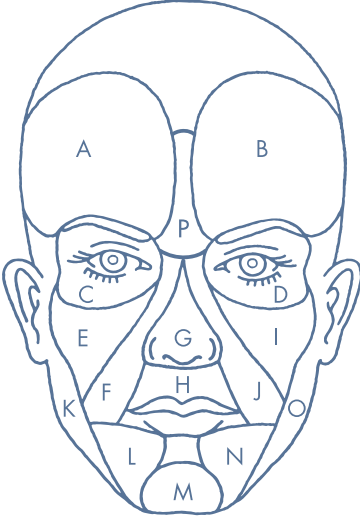
DO YOU HAVE ANY HEALTH PROBLEMS? (CHECK ALL THAT APPLY)

- Heart Problems
 Hormonal Problems
 High/Low Blood Pressure
 Diabetes
 Skin Cancer
 Allergies (list) _____

		YES	NO	
ARE YOU PREGNANT?				WHAT ARE YOU CURRENTLY USING TO CLEANSE YOUR FACE? _____ _____
ANY RECENT SURGERY? <i>If so, for what?</i>				_____ _____
ARE YOU TAKING ANY MEDICATIONS? <i>If so, which ones?</i>				_____ WHAT ARE YOU CURRENTLY USING TO MOISTURIZE? _____
ARE YOU TAKING ACCUTANE?				_____ _____
DO YOU HAVE ROSACEA?				_____ SPECIAL TREATMENTS? (EYE CREME, NIGHT CREME, MASKS) _____
ARE YOU USING ANY TOPICAL MEDICATIONS? <i>If so, which ones?</i>				_____ _____
ARE YOU USING RETINOIDS? <i>If so, which ones?</i>				_____ _____
ARE YOU USING EXFOLIATING ACIDS? <i>If so, which ones?</i>				_____ _____
DO YOU HAVE ANY IMPLANTS? <i>Pacemaker, pins in bones, etc.</i>				_____ WHAT IMPROVEMENTS WOULD YOU LIKE TO SEE IN YOUR SKIN? _____
DO YOU WEAR CONTACT LENSES?				_____ _____
HAVE YOU UNDERGONE TREATMENT FROM A DERMATOLOGIST? <i>If so, for what conditions?</i>				_____ _____
HAVE YOU EVER HAD AN ADVERSE REACTION TO A COSMETIC PRODUCT? <i>If so, which product or ingredient gave you the reaction?</i>				_____ NOTES: _____
_____				_____
_____				_____
_____				_____
_____				_____

SIGNATURE _____

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SKIN ASSESSMENT FORM			
STEP 1: BIOTYPE (OIL PRODUCTION LEVEL)			STEP 2: SKIN SENSITIVITY LEVEL
<p style="text-align: center;">OILY</p> <p>O² (definitely oily) O¹ (moderately oily)</p> <p>Has:</p> <input type="checkbox"/> Thick Skin <input type="checkbox"/> Large Pores	<p style="text-align: center;">COMBINATION</p> <p>C^o (combination/slightly oily) C^d (combination/slightly dry)</p> <p>Has:</p> <input type="checkbox"/> Normal Skin <input type="checkbox"/> Normal Pores	<p style="text-align: center;">DRY</p> <p>D¹ (moderately dry) D² (definitely dry)</p> <p>Has:</p> <input type="checkbox"/> Thin Skin <input type="checkbox"/> Small Pores	<input type="checkbox"/> Not Sensitive <input type="checkbox"/> Moderately Sensitive <input type="checkbox"/> Definitely Sensitive
STEP 3: CONDITIONS			
Identify client's condition(s) and write the number next to the corresponding zone on the lines below.			
<ul style="list-style-type: none"> (1) Dehydration (2) Puffiness (3) Flakiness (4) Enlarged pores (5) Blackheads (6) Whiteheads/milia (7) Clogged pores (8) Inflamed acne pustules (9) Sallow, dull skin (10) Irritation (11) Mild sunburn (12) Rosacea (13) Redness/blotchiness (14) Visible capillaries (15) Rough texture (16) Fine lines (17) Deep wrinkles (18) Poor elasticity/sagging (19) Uneven pigmentation (melasma) (20) Pigmented spots (sun freckles/age spots) (21) Post-inflammatory hyperpigmentation (acne dark spots) (22) Dark undereye circles (23) Scarring (24) Post-op healing 	<p>ZONE A _____</p> <p>ZONE B _____</p> <p>ZONE C _____</p> <p>ZONE D _____</p> <p>ZONE E _____</p> <p>ZONE F _____</p> <p>ZONE G _____</p> <p>ZONE H _____</p> <p>ZONE I _____</p> <p>ZONE J _____</p> <p>ZONE K _____</p> <p>ZONE L _____</p> <p>ZONE M _____</p> <p>ZONE N _____</p> <p>ZONE O _____</p> <p>ZONE P _____</p>	 <p style="text-align: center;">FACE ZONES</p>	
STEP 4: TREATMENT GOALS			
<p>HYDRATION</p> <input type="checkbox"/> Hydrate and moisturize tissue <input type="checkbox"/> Eliminate flakiness <input type="checkbox"/> Soften skin	<p>EVENING-OUT SKIN TONE*</p> <input type="checkbox"/> Balance uneven pigmentation <input type="checkbox"/> Lighten pigmented spots <input type="checkbox"/> Fade post-inflammatory hyperpigmentation	<p>BALANCING OIL AND CLEARING SKIN</p> <input type="checkbox"/> Balance oil production <input type="checkbox"/> Cleanse pores/eliminate blackheads <input type="checkbox"/> Reduce bumpiness under skin <input type="checkbox"/> Clear acne pustules**	<p>POST-OP HEALING***</p> <input type="checkbox"/> Enhance healing process <input type="checkbox"/> Rehydrate soothe, and protect
<p>DETOXIFICATION</p> <input type="checkbox"/> Stimulate microcirculation (to flush toxins) <input type="checkbox"/> Revitalize <i>sallow, dull skin</i> <input type="checkbox"/> Reduce puffiness <input type="checkbox"/> Promote healthy glow	<p>CALMING, REDUCING REDNESS AND VISIBLE CAPILLARIES</p> <input type="checkbox"/> Reduce redness <input type="checkbox"/> Eliminate blotchiness <input type="checkbox"/> Soothe minor sunburn <input type="checkbox"/> Reduce visible capillaries <input type="checkbox"/> Soothe and calm rosacea**	<p>ANTI-AGING</p> <input type="checkbox"/> Strengthen lipid barrier layer (to ensure hydration and prevent dryness) <input type="checkbox"/> Promote collagen and elastin regeneration (to firm and prevent sagging) <input type="checkbox"/> Strengthen protective acid mantle (against harmful bacteria and pollutants) <input type="checkbox"/> Reduce fine lines and deep wrinkles <input type="checkbox"/> Oxygenate/improve microcirculation	<p>* If client has any unusual skin growth or lesion, refer to a dermatologist</p> <p>** May require dermatologist</p> <p>*** Requires doctor's approval</p>
<p>RETEXTURIZING</p> <input type="checkbox"/> Reduce cell buildup/exfoliate <input type="checkbox"/> Soften lines/smooth texture <input type="checkbox"/> Resurface minor acne scarring <input type="checkbox"/> Minimize appearance of large pores			