



# SKIN MEDICINAL

LUXURY SKIN HEALTH

## Treatment Record

Client Name \_\_\_\_\_

**TREATMENT DATE:** \_\_\_\_\_

Are you currently having or due for your menstrual period? ..... ☐ YES ☐ NO

Have there been any changes in your health since your last visit? .. ☐ YES ☐ NO

Have you started any new medication(s) since your last visit? ..... ☐ YES ☐ NO

Have you made any dietary changes since your last visit? ..... ☐ YES ☐ NO

**CLIENT INITIALS:** \_\_\_\_\_

**SKIN ASSESSMENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT USED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKIN CARE PLAN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRODUCTS PURCHASED:** \_\_\_\_\_ **FEE CHARGED:** \$ \_\_\_\_\_

**TREATMENT DATE:** \_\_\_\_\_

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