

Treatment Record

URY SKIN HEALTH Client Name

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TREATMENT DATE:	SKIN ASSESSMENT:	
Are you currently having or due for your menstrual period?	TREATMENT USED:	
health since your last visit? YES O NO Have you started any new medication(s) since your last visit? YES O NO		
Have you made any dietary changes since your last visit?	SKIN CARE PLAN:	·
CLIENT INITIALS:	PRODUCTS PURCHASED:	FEE CHARGED: \$
TREATMENT DATE:	SKIN ASSESSMENT:	
Are you currently having or due for your menstrual period? 9 YES 9 NO	TREATMENT USED:	
Have there been any changes in your health since your last visit? O YES O NO		
Have you started any new medication(s) since your last visit?	SKIN CARE PLAN:	
Have you made any dietary changes since your last visit?		
CLIENT INITIALS:	PRODUCTS PURCHASED:	
TREATMENT DATE:	SKIN ASSESSMENT:	
Are you currently having or due for your menstrual period? YES O NO	TREATMENT USED:	
Have there been any changes in your health since your last visit? YES O NO		
Have you started any new medication(s) since your last visit?	SKIN CARE PLAN:	
since your last visit? YES O NO CLIENT INITIALS:	PRODUCTS PURCHASED:	FEE CHARGED: \$
TREATMENT DATE:	SKIN ASSESSMENT:	
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Have there been any changes in your health since your last visit? O YES O NO		
Have you started any new medication(s) since your last visit?	SKIN CARE PLAN:	
Have you made any dietary changes since your last visit?		
CLIENT INITIALS:	PRODUCTS PURCHASED:	FEE CHARGED: \$