



Danné Montague King – Enzyme Treatment Client Information Form

Congratulations on your choice to have one of our skin treatments. These procedures are results orientated and are designed to change and improve skin conditions. These are not invasive Treatments, more so we are using the body' s chemistry to induce a result. We do not peel skin we use hydrolyzation, which turns dead protein cells, not the living cells into a weak acid to be flushed from the skin. Our enzyme blends contain anti-itch ingredients and inhibitors of allergic reactions, so reactions are very rare.

Things that you may experience:

- Ⓞ Break-outs, we cannot cause any breakouts to occur, however if there is congestion or trapped sebum plugs the treatment may release these from the epidermis and result in a superficial break out.
- Ⓞ Dry, tight patches – this is where dead protein cells are still attached to the epidermis and has not been released.
- Ⓞ If there is underlying pigment due to the aging process, it may cause this to move to the surface. This is due to the hydrolyzation of dead protein cells. Making the area look more visible to the eye.
- Ⓞ Redness, heat and a slightly stingy sensation for the first or second day (more so on the stronger treatments).
- Ⓞ We are activating the skin to function normally so it may feel different (as in different texture) whilst undergoing treatment.

Due to different skin types and conditions what one person may experience, another can be totally different. You may not feel any of the above at any stage – however you may experience one or two or all. The purpose of this sheet is to make sure you are well informed. If you are unsure about anything, please keep in contact with your dermal technician.

I have read and understand what I may experience due to treating my skin and I understand that these treatments do not cause pre-existing or underlying conditions.

When results are required



Client Name (signature)

Date

Therapist Name (signature)

Date

When results are required



Client Consultation

This information is collected for treatment and is kept strictly confidential at all times

First Name _____ Last Name _____

Address _____

Telephone _____ Date _____

Email _____

Occupation _____

Date of Birth _____

Referred by _____

In your own words, what type of skin problems or concerns do you have? _____

Skin

Check the areas you would like to improve

- Color Firmness Décolletage Dryness
- Texture Capillaries Blackheads Pore Size
- Freckles Plumpness Breakouts Congestion
- Wrinkles Smoothness Acne Scarring
- Eye area Neck area

List skin care products currently using _____

What results have they achieved? _____

Do you use an SPF daily? Yes No Level of protection []

Medical History

Do you smoke? Yes No How much a day []

Do you currently have or have you ever had any of the following medical conditions? (Circle)

Epilepsy, Diabetes, Thyroid, Heart Problems, Cancer, Hysterectomy, Hormonal Imbalance, Depression, Other _____

Explain _____

Have you had plastic surgery?

Date _____ Surgeon's Name _____

Description _____

Have you ever had botulinum toxin injections or filler?

When was your last chemical peel? _____

Are you currently using Retin-A, Retinol, AHA or BHA at home? If so:

How Long _____ Strength _____

Results _____

Do you have any known allergies? _____

Medication

Are you currently under a physician's care? []Yes []No Name []

List all medication you are currently taking:

List all vitamins and herbal supplements you are currently taking:

How much water do you drink daily? [] glass

Client Signature _____

Skin Diagnosis

Notes:

Right Side _____

T-Zone _____

Left Side _____

