

consultation card



name: _____

email address: _____

your skin

1. Within the last year, have you been under any medical care? yes no
2. What are your main skin concerns pertaining to your face or body?

3. What skin care products are you currently using?
 soap cleanser toner moisturiser masque exfoliator eye products others
4. Do you ever experience the following conditions on your skin?
 flakiness tightness obvious dryness
5. Do you ever experience skin breakouts?
 often occasionally never
6. Do you sunbathe or use tanning beds? yes no
7. Do you drink more than 4 caffeinated beverages each day? yes no

exfoliation history

8. Have you ever had chemical peels, dermabrasion or any resurfacing treatments?
If yes, in the past month? yes no
9. Have you ever used Retin A, Renova, Adapalene, Accutane or any other
prescription skin products? yes no
If yes, in the past 6 months? yes no
10. Do you currently use any products containing any of the following ingredients?
glycolic acid, lactic acid, scrubs, Vitamin A derivative (Retinol), hydroxy acids yes no

signed: _____ date: _____

See conditions overleaf.

data protection notice

The personal information that you have provided by completing this form may be used by Dermalogica UK Ltd to correctly evaluate your skin care needs.

We may also pass on your details to other companies within the Dermal Group. You may be contacted by either us or them by mail with details of other products or services which may be of interest to you.

Please note that we will not pass any of your details on to any other party outside the Dermal Group for marketing purposes, if you do not wish to receive details of our products and services, please write to the Data Protection Co-ordinator at the registered office of Dermalogica UK Ltd.