

# CLIENT CONSULTATION FORM

## CLIENT INFORMATION [CLIENT TO COMPLETE THIS SECTION]

Name and Surname:			
Physical/Postal Address:			
Mobile Number:			
Email Address:			
Occupation:			
Date of birth:			
Date of Consultation:		Therapist:	

## CLIENT HISTORY

Current skin care range:			
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Hormonal imbalance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin resurfacing/Chemical peels (in the last 4 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Botulinum Toxin injections/Fillers (in the last 4 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	IPL/Laser (in the last 4 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waxing/Electrolysis (in the last 3 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions/Surgery in the past year:			
Medication (Tretinoin, Accutanes, Cortisone, Thyroid Medication, and/or other medication):			
Allergies (Aspirin, Latex, AHA in skin care products):			

## SKIN ASSESSMENT

Choose the skin classification based on the most identified areas of concern. **(If any of the Interactive choices are marked, the client will start on the Interactive range and gradually move to the AHA based products from lowest to highest concentration)**

Environmentally Damaged	Hyperpigmented	Problematic	Interactive
Areas with oiliness <input type="checkbox"/>	Dark pigmented areas <input type="checkbox"/>	Excessive oil <input type="checkbox"/>	Rosacea <input type="checkbox"/>
Areas with dryness <input type="checkbox"/>	Light pigmented areas <input type="checkbox"/>	Continuous break-outs <input type="checkbox"/>	Eczema <input type="checkbox"/>
Areas of redness <input type="checkbox"/>	Melasma/Chloasma <input type="checkbox"/>	Occasional break-outs <input type="checkbox"/>	Psoriasis <input type="checkbox"/>
Age spots <input type="checkbox"/>	Post inflammatory hyperpigmentation <input type="checkbox"/>	Inflammation <input type="checkbox"/>	Dermatitis <input type="checkbox"/>
Lines/wrinkles <input type="checkbox"/>	Dehydration <input type="checkbox"/>	Enlarged pores <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Sagging skin <input type="checkbox"/>		Blackheads <input type="checkbox"/>	Sensitization/redness <input type="checkbox"/>
Uneven/rough skin texture <input type="checkbox"/>		Whiteheads <input type="checkbox"/>	Thin/fragile skin <input type="checkbox"/>
Irregular pigmentation <input type="checkbox"/>		Dehydration <input type="checkbox"/>	Dehydration <input type="checkbox"/>
Dehydration <input type="checkbox"/>	Client's skin concern: _____		

I hereby confirm that the above information is correct and consent to the recommended treatment plan.

Client signature: \_\_\_\_\_ Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NIMUE TREATMENT PLAN

Support treatments (phase 1 & non-nimue users)			
	Introductory Active Rejuvenation Treatment (3-8 min only)	Therapeutic Treatment	Deep Cleanse Treatment
Date			
Super Fluid/s			
Nimue-TDS™			
Mask			

Active treatments (phase 1 & phase 2 nimue users)									
	Active Rejuvenation Treatment	35% Glycolic Treatment	7.5% TCA Treatment (non EU countries)	Thermal Detox Peel	Nimue-SRC™ ED Treatment	Nimue-SRC™ HP Treatment	Nimue-SRC™ P Treatment	Smart Resurfacer	Micro-needling Treatment
Date									
Layers/Min									
Super Fluid/s									
Nimue-TDS™									
Mask									

## NIMUE PRODUCT PLAN

<b>basics</b>	Night Fader Plus <input type="checkbox"/>	Super Hydrating Serum <input type="checkbox"/>	Skin Refiner <input type="checkbox"/>
Cleansing Gel <input type="checkbox"/>	<b>sun protection</b>	Corrective Serum <input type="checkbox"/>	Vitamin C Moisture Mist <input type="checkbox"/>
Cleansing Milk <input type="checkbox"/>	SPF 40 <input type="checkbox"/>	Stemplex Serum <input type="checkbox"/>	Hydrolip Protection <input type="checkbox"/>
Conditioner <input type="checkbox"/>	Tinted SPF 40 (L,M,D) <input type="checkbox"/>	Fader Serum <input type="checkbox"/>	Pre & Post Serum <input type="checkbox"/>
Cleansing Gel Lite <input type="checkbox"/>	Environmental Shield SPF 50 <input type="checkbox"/>	Hyaluronic Ultrafiller Serum <input type="checkbox"/>	Nimue-TDS™ Environmentally Damaged <input type="checkbox"/>
Conditioner Lite <input type="checkbox"/>	After Sun Hydrator <input type="checkbox"/>	<b>additives</b>	Nimue-TDS™ Hyperpigmented <input type="checkbox"/>
Exfoliating Enzyme <input type="checkbox"/>	<b>barrier protection</b>	Problematic Spot Treatment <input type="checkbox"/>	Nimue-TDS™ Problematic <input type="checkbox"/>
Nimue Day <input type="checkbox"/>	Element Barrier <input type="checkbox"/>	Fade Treatment <input type="checkbox"/>	Nimue-TDS™ Interactive <input type="checkbox"/>
Nimue Night <input type="checkbox"/>	<b>actives</b>	Eye Treatment <input type="checkbox"/>	Hyaluronic Oil <input type="checkbox"/>
Multi Day Plus <input type="checkbox"/>	Active Lotion <input type="checkbox"/>	Eye Serum <input type="checkbox"/>	<b>age intelligent</b>
Multi Night Plus <input type="checkbox"/>	Active Gel <input type="checkbox"/>	Anti-Ageing Eye Cream <input type="checkbox"/>	AI Cleansing Cream <input type="checkbox"/>
Moisturiser Lite <input type="checkbox"/>	<b>foundation</b>	Rejuvenating Mask <input type="checkbox"/>	AI Day Cream <input type="checkbox"/>
Purifier <input type="checkbox"/>	Pro Age Foundation <input type="checkbox"/>	Clarifying Mask <input type="checkbox"/>	AI Night Cream <input type="checkbox"/>
Day Fader <input type="checkbox"/>	<b>boosters</b>	Super Hydrating Mask <input type="checkbox"/>	AI Eye Serum <input type="checkbox"/>
Night Fader <input type="checkbox"/>	Alpha Lipoic Activator <input type="checkbox"/>	Glyco Mask <input type="checkbox"/>	AI Face Serum <input type="checkbox"/>
Day Fader Plus <input type="checkbox"/>	Multi Rejuvenating Serum <input type="checkbox"/>	Anti-Ageing Leave on Mask <input type="checkbox"/>	

FORM COMPLETED