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CLIENT CONSULTATION CARD

Your Health

1.	Within the last year, have you been under a dermatologist's or other physician's care? OYESONO	
2	If yes, please specify	
۷.	If yes, please specify	
3.	List any medications, supplements, vitamins, diuretics, slimming pills, Isotretinoin, etc. That you take	
	regularly: Medication List	
4.	Do you smoke? OYESONO	
5.	Do you exercise regularly? OYESONO	
6.	. Do you follow a restricted diet? OYESONO	
7.	. Do you wear contact lenses? OYESONO	
8.	. Do you have metal implants, a pacemaker or body piercings? OYESONO	
	 Rate your level of stress on a scale of 1 to 5 (1= Low stress, 5 = High stress) 1 Do you have any allergies? ○YES○NO If yes, please specify 	
11.	Do you sunbathe or use tanning beds? OYESONO	
12.	Do you drink more than 4 caffeinated beverages daily (coffee, tea, soft drinks)? OYESONO	
13.	Have you ever experienced claustrophobia? OYESONO	
Your	Skin	
14.	What are your specific concerns/challenges with your skin? Skin concerns	
15.	What skin care products are you currently using? FACE: ☐ Soap☐ Cleanser☐ Toner☐ Moisturizer☐ Masque☐ Exfoliator☐ Eye Products BODY ☐ Soap☐ Shower Gel☐ Scrubs☐ Oil☐ Body Moisturizer☐ Depilatory Products ☐ Self Tanners	
16.	Have you ever had chemical peels, Microdermabrasion, or any resurfacing treatments? \bigcirc YES \bigcirc NO In the last month? \bigcirc YES \bigcirc NO	



Document ID: cc6061fc8159f9fb5c3427a6a750d1b4ea944c81 Generated on: June 27, 2021 Signed On: https://duvallschool.com/ 17. Do you use Retin-A, Renova, Adapalene or any other prescription skin products? OYESONO In the last 3 months? OYESONO 18. Are you currently using any products that contain the following ingredients? □ Glycolic Acid□ Lactic Acid ☐ Any exfoliating Scrubs ☐ Any Hydroxy Acid Product ☐) vitamin a derivatives (i.e., Retinol) 19. Do you ever experience these conditions on your skin? ☐ Flakiness☐ Tightness☐ Obvious Dryness 20. What SPF sunscreen do you use on your face? Face SPF Body? Body SPF 21. Do you burn easily in moderate sunlight? OYESONO 22. Do you have a tendency to redness? OYESONO 23. Do you suffer from sinus problems? OYESONO 24. Do you ever experience burning, itching or stinging sensations on your skin? OYESONO **Female Clients Only** 25. Are you currently taking contraception? OYESONO 26. Are you pregnant or trying to become pregnant? OYESONO 27. Are you lactating? OYESONO 28. Are you currently having or due for your menstrual period? OYESONO

Male Clients Only

29. Do you have any shaving challenges? OYESONO

Questions To discuss Every Visit

30. Have you started any new medication since your last visit? OYESONO

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

OAGREE



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This consultation card is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information, and will disclose this information only: (1) to our staff members, (2) to quality assurance and quality control personnel, (3) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may, however, contact you with product-related information.

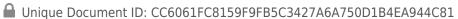
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Signature Certificate

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September 30, 2021 10:30 pm CDT	DuVall Appointments - appointments@duvallschool.com added by DuVall Adminitrative Staff - haleigh@haleighlenz.com as a CC'd Recipient Ip: 47.24.68.104
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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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