

Infos

Name: **Profession:**

E-mail: **Telephone:**

Age: **Height:** **Weight:**

Face

- **You ever had a facial treatment:** yes no
- **Types of treatment you taken:**
- How often?
- **You had any results:** yes no
- If **no**, why?
- **You have a face ritual:** yes no
- If **yes**, which?
- How often?

Objectives

- Firming
- Wrinkle reduction
- Improved elasticity
- Radiant complexion
- Relaxation
- Overall rejuvenation
- Reduced signs of fatigue
- Other :

What specific areas of the face would you like to target with depressotherapy?

- Forehead
- Eyes
- Cheeks
- Neck
- Other:

Do you have any areas of expression, wrinkles or other concerns that you would like to treat?

- Yes No

The current state of facial skin?

- Dry
- Oily
- Mixed
- Sensitive
- Other:

Examinations

Visual

- Dilated ostia
- Thick skin
- Shine
- Squames
- Wrinkles
- Fine lines
- Dull complexion
- Telangiectasias
- Redness
- Ephelides
- Melasma
- Pigment spots
- Scars / Post acne
- Microcysts
- Comedones

Palpatory

- Thin skin
- Smooth skin
- Granular skin
- Thick skin
- Good tone
- Lack of tone
- Atone oval face

Work area

