



# WHITE WILLOW

— Natural Skincare Clinic —

## FULL CIRCLE OF SKIN CONSULTATION FORM

Following a consultation your Alexandria Professional therapist will complete this prescription form and start you on your skin enhancement programme. Your therapist will advise you on the Full Circle of Skin products and give you directions on frequency and usage of the products.

Name, Surname \_\_\_\_\_

Therapist \_\_\_\_\_

Date \_\_\_\_\_

### Shaved clients

- |                               |  |  |
|-------------------------------|--|--|
| <input type="radio"/> Stubble | <input type="radio"/> Folluculitis       | <input type="radio"/> Red dots (strawberry skin)   |
| <input type="radio"/> Prickly | <input type="radio"/> Dry/Cracked skin   | <input type="radio"/> Congested/Inflamed follicles |
| <input type="radio"/> Itchy   | <input type="radio"/> Tight feeling skin | <input type="radio"/> Other _____                  |

#### Full Circle Prescription (Filled out by your therapist)

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="radio"/> Phenomen-All Repair | <input type="radio"/> Mud Puddle     | <input type="radio"/> Restore     |
| <input type="radio"/> Salt Smoothie       | <input type="radio"/> Injabulo/CC'me | <input type="radio"/> Other _____ |
| <input type="radio"/> Sweet Cheeks        | <input type="radio"/> Salt Spring    |                                   |

Personalised Product(s) Plan \_\_\_\_\_

Your Therapist will advise you in the box above the directions of how to use a prescribed product(s) and the frequency in which you should use them.

### Laser clients

- |                                  |  |                                   |
|----------------------------------|--|-----------------------------------|
| <input type="radio"/> Stubble    | <input type="radio"/> Dry/Cracked skin | <input type="radio"/> Other _____ |
| <input type="radio"/> Black dots | <input type="radio"/> Short hairs      |                                   |

#### Full Circle Prescription (Filled out by your therapist)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="radio"/> Phenomen-All Repair | <input type="radio"/> Mud Puddle     | <input type="radio"/> Restore            |
| <input type="radio"/> Salt Smoothie       | <input type="radio"/> Injabulo/CC'me | <input type="radio"/> I Love My Skin Kit |
| <input type="radio"/> Sweet Cheeks        | <input type="radio"/> Salt Spring    | <input type="radio"/> Other _____        |

Personalised Product(s) Plan \_\_\_\_\_

Your Therapist will advise you in the box above the directions of how to use a prescribed product(s) and the frequency in which you should use them.

## Skin conditions

- Rashes       Congested follicles       Ingrown (Under-skin) hairs  
 Bumps       Broken hairs       Different stages of growth  
 Other \_\_\_\_\_

### Full Circle Prescription (Filled out by your therapist)

- Phenomen-All Repair       Mud Puddle       Sweet Cheeks  
 Salt Smoothie       Injabulo/CC'me       Salt Spring  
 Other \_\_\_\_\_

Personalised Product(s) Plan \_\_\_\_\_

Your Therapist will advise you in the box above the directions of how to use a prescribed product(s) and the frequency in which you should use them.

## Skin conditions - psoriasis, eczema, keratosis

- Red patches       Bleeding       Thickened/scaly skin  
 Broken skin       Soreness       Patches/oozing areas  
 Bumpy skin       Itchy skin       White patches/bumps  
 Inflammation       Stinging sensation       Other \_\_\_\_\_

### Full Circle Prescription (Filled out by your therapist)

- Sugaring Session       Mud Puddle       I Love My Skin Kit  
 Phenomen-All Repair       Injabulo/CC'me       Other \_\_\_\_\_  
 Salt Smoothie       Salt Spring  
 Sweet Cheeks       Restore

Personalised Product(s) Plan \_\_\_\_\_

Your Therapist will advise you in the box above the directions of how to use a prescribed product(s) and the frequency in which you should use them.

## Ingrown hairs

- Inflammation       Painful       Hairs (visibly stuck under skin)  
 Blackheads       Itchy skin       Other \_\_\_\_\_  
 Red/yellow spots       Bumpy

### Full Circle Prescription (Filled out by your therapist)

- Phenomen-All Repair       Mud Puddle       I Love My Skin Kit  
 Salt Smoothie       Injabulo/CC'me       Restore  
 Sweet Cheeks       Salt Spring       Other \_\_\_\_\_

Personalised Product(s) Plan \_\_\_\_\_

Your Therapist will advise you in the box above the directions of how to use a prescribed product(s) and the frequency in which you should use them.