ANALYSIS DIAGNOSTIC SHEET

COMPETITOR # _____

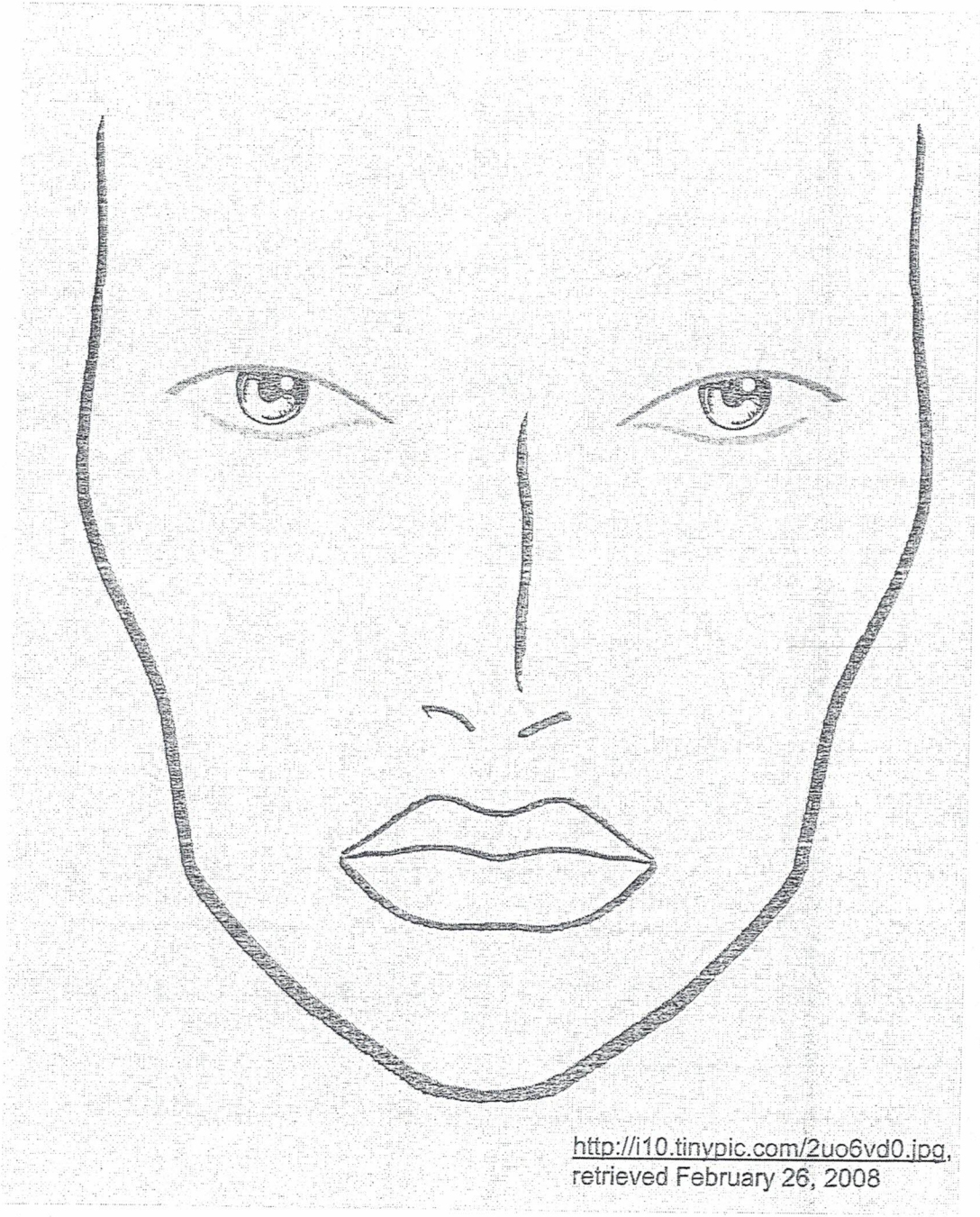
Analyze the clients' skin and record any findings in detail in the spaces to the right below

TEXTURE/ Fine (soft & smooth) Medium (slightly rough & grainy) Course (bumpy & thick)	
OSTIA /PORE SIZE Not visible, small. medium, large	
SECRETION/ Normal (not shiny or matte) Active (some shine small to medium pore) Over active (shiny greasy to the touch)	
CIRCULATION/ CAPILLARY/ACTIVITY Erythema, couperose, telangiectasia, rosacea	
PIGMANTATION HYPER/HYPO Macule, lentigenes, chloasma, melasma, nevi, scars	
SUFERFICIAL DEHYDRATION Epidermal water content in the skin	
SEBACEOUS DISORDERS Pustule, milia, comedones, ,cysts	
DEEP DEYDRATION Tone (elasticity) Collagen (deep lines)	
ASPHYXIATED/CONGESTION Skin lacking oxygen, yellow or greyish color	
SKIN TYPE	
TREATMENT OBJECTIVE	

Makeup Technical Chart

Date	
Competitor # & Name	
Product	
Moisturizer	
Foundation	
Concealer	
Eyes	
Brow	
Brow Highlight	
Eyelid	
Crease	
Liner	
Mascara	
Powder	
Blush	
Powder	
Lips	
Pencil	
Lipstick	
Other	
Shading	
Highlighting	

Competitors must sketch on the diagram, list products used, and describe the plan for overall harmony for the finished fantasy look (on back).



http://i10.tinypic.com/2uo6vd0.jpg, retrieved February 26, 2008

Describe your plan for overall harmony:

Manicure Technical Chart Competitor's Number _____

Model's Name: _____

Nail Analysis	Skin Analysis
☐ Normal nail plate	☐ Normal
☐ Thin nail plate	☐ Dry
☐ Dry/Brittle plate	☐ Sensitive
☐ Discolorations	☐ Thin
☐ Other	☐ Relaxed elasticity
☐ Disease or disorder	☐ Hyperpigmentation

Medical Record	
☐ Circulatory disease	☐ Presently using Chemo/Radiation
☐ Skin disease	☐ AHA treatments/products
☐ Fungal infection	☐ Thyroid disease
☐ Prominent varicose veins	☐ Acute Arthritis
☐ Lupus	☐ Retinoid therapy
☐ Diabetes	☐ Stroke
☐ Pregnancy	☐ Currently on the following medications:
☐ Heart disease	

Special information/notes:

Pedicure Technical Chart Competitor's Number _____

Model's Name: _____

Nail Analysis	Skin Analysis
☐ Normal nail plate	☐ Normal
☐ Thick nail plate	☐ Dry
☐ Dry/Brittle plate	☐ Sensitive
☐ Discolorations	☐ Thin
☐ Other	☐ Thick/Callused
☐ Disease or disorder	☐ Hyperpigmentation

Medical Record	
☐ Circulatory disease	☐ Presently using Chemo/Radiation
☐ Skin disease	☐ AHA treatments/products
☐ Fungal infection	☐ Thyroid disease
☐ Prominent varicose veins	☐ Acute Arthritis
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☐ Heart disease	

Special information/notes:

REFLEXOLOGY CLIENT INTAKE FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Cell Phone: _____

HEALTH INFORMATION

Are you taking any medications? ☐ Yes ☐ No

-If yes, please list the names and reasons for the medications:

Are you currently pregnant? ☐ Yes ☐ No -If yes, how far along? _____

-Any high risk factors? _____

Do you have any allergies or sensitivities? ☐ Yes ☐ No

-If yes, please specify:

Have you had any recent injuries? ☐ Yes ☐ No

-If yes, please specify: _____

Please indicate any of the following that apply to you:

☐ Cancer
☐ Headache/migraines
☐ Arthritis
☐ Diabetes
☐ Joint replacement(s)
☐ High/low blood pressure
☐ Neuropathy
☐ Fibromyalgia
☐ Stroke
☐ Heart attack
☐ Kidney dysfunction
☐ Blood clots
☐ Numbness
☐ Sprains/strains
☐ Other: _____

-Explain any conditions you have indicated above:

Rate the following on a scale form 1 - 5:

Quality of sleep: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent
Energy levels: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent
Stress levels: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent
Quality of nutrition: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent
Exercise habits: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

TREATMENT INFORMATION

Have you had reflexology before? ☐ Yes ☐ No

Please describe any areas where you're experiencing discomfort:

ACKNOWLEDGMENT

I have completed this form to the best of my ability and knowledge and agree to inform my reflexologist if any of the above information changes at any time.

Client signature: _____ Date: _____

Print name: _____