

Thank you for choosing Dr HAACH for your skin care.
Please answer the following questions so that our consultant
will be able to accurately analyze and access your unique skin care needs.

Source Code:
Consulted By:
Therapist's Name:

Personal Information

Client's Name: Johnny Bravo
Address: 44 singapore limpopo
Postal Code: 0999
Email: hairul.a.razak@gg.com
Marital Status: Widowed Gender: Male
Telephone: 9876543
NRIC No: 123X
Date of Birth: 2000-12-31 Age: 21
Profession: Professional Eater
Citizenship:: Singaporeh
Race: Malay
(Hp): 000000000 (Home/Office)

Pls indicate if you are suffering from any of the following conditions:

High Blood Pressuere, Low Blood Pressure, Asthma, Thyroid, Pacemaker, Rheumatism, Epilepsy, Depression/Anxiety, Lupus, Diabetes, Heart Disease, Eczema, HIV / AIDS, Broken Capillaries, Skin Allergy, Cancer, Arthritis, Hormonal Imbalance, Keloids, Kidney Problem, Others (pls specify):

In the last 12 month, have you undergone and/or are currently undergoing any of the following treatments / procedures.

Botox / Fillers, Chemical Peels, Lasers, Tanning, Microdermabrasion and Other, Others (pls specify):

In the last 12 month, have you used and/or are currently using any of the following intensive skin products containing the following.

Retinol, Alpha Hydroxy Acids (AHAs), Not Applicable

Do you have any skin allergies?
No Yes itchy.

Kindly indicate your cleansing routine:

Cleanser / Soap / Milk / Foam / Cream, Toner, Serum, Moisturizer, Masque, Exfoliator / Scrub / AHA Products, Eye Care, Neck Care, Sunblock, Acne cream

Kindly indicate the type of skin care you are presently using:
Prescribed, Other brands

In the past 6 months have you undergone any forms of surgery?
No Yes

What areas of concern do you have regarding your:

Skin: Breakouts / Acne, Excess Oil, Blackheads / Whiteheads, Redness / Sensitive Skin, Sun Damage, Uneven Skin Tone, Dull / Dry Skin, Dehydrated, Pigmentation, Fine Lines / Wrinkles
Eyes: Dark circles, Puffiness, Fine Lines, Dehydrated, Wrinkles, Drupiness / Saggy Lids
Neck: Fine Lines, Wrinkles, Dehydrated skin, Sagging skin

What type of facial massage pressure do you prefer?

☐ Light

☐ Medium

☒ Firm

About your skin?

Do you suffer from sunburns easily?

☐ No ☒ Yes

Do you experience oil shine on your T-Zone area?

☐ No ☒ Yes

Are you prone to regular skin breakouts?

☐ No ☒ Yes

How often do you go for facial?

Please State: everyday.

What results would you like to see from your treatments?

☒ Fairer skin

☒ Clear acne congestion

☒ Improve skin hydration

☒ Reduce Fine Lines / Wrinkles

☒ Firm, Lift and Boost Collagen and Suppleness

☒ Reduce blackheads / Whiteheads

For ladies only

Are you currently taking oral contraceptives?

☒ No ☐ Yes

Are you currently pregnant or trying to conceive?

☒ No ☐ Yes

Have you gone through or are currently going through menopause?

☒ No ☐ Yes

Other health declaration(s)

Please State: none.

Declaration (Important: Please read before signing)

1. I have not withheld information that may be relevant to my treatment.

2. I confirm (to the best of my knowledgeable) that the answers I have given are correct. I will not hold Dr HAACH responsible for any adverse effects resulting from the treatments and products used during the treatment.

3. I hereby agree to receive treatment from Dr HAACH.

☒ I agree to receive information and marketing promotional messages from Dr HAACH.

Client's Signature:

Date: 24-12-2021

Haach

To be completed by Dr HAACH personnel

Face Type Analysis



(A) Normal	(B) Sensitive	(C) Dry	(D) Oily	(E) Combination
(F) Acne	(G) Pimples	(H) Comedones	(I) Milia Seeds	(J) Scar Marks
(K) Dead cells	(L) Uneven Skin Surface	(M) Enlarged Pores	(N) Rosacea	(O) Uneven Skin Tone
(P) Freckles	(Q) Age Spots	(R) Spots	(S) Cosmetic Allergy	(T) Pigmentation
(U) Dark Eye Rings	(V) Eye Bags	(W) Double Chin	(X) Wrinkles (Neck)	(Y) Wrinkles (Face)

Counselling care:

none

Recommendation:

none