

ULTRACEUTICALS

YOUR SKIN HEALTH CHECK



Client Name

Skin Specialist

Store

Ultra Consultation Process

U

Understand

CORE CONCERNS

- Guest concerns
- Skin history
- Lifestyle
- Medical history/allergies
- Skin health check book

CONSULT TOOL

Your skin health check booklet

OVERVIEW

Completed by the guest and the skin expert during the U: Understand consult stage,

L

Look

SKIN ANALYSIS

- Skin Type (Dry Normal/Oily)
- Skin Conditions
- Fitzpatrick classification
- Barrier Health
- Equipment Skin Check
- Guidelines on how to take before & after images

Core Concern Cards

Use these Educational Cards during the T: Translate consult stage.

T

Translate

SOLUTIONS

- Skin Health Education
- Product & Skin Journey options
- Key ingredients to achieve results
- Core concern cards

Ultra Skin Journey Treatment Cards

These cards are used to:

- recommended Ultra Treatments plus benefits
- Treatment Pre & Post Care

The Skin Expert uses this tool during the R: Recommend consult Stage.

R

Recommend

ULTRA SKIN JOURNEY

- 90 day Homecare Recommendation
- 90 day skin journey Recommendation
- Treatment menu
- Product Directory
- Recommendation Pad.
- Product stickers.
- Core concern cards

Products Directory

Use the Product Directory + Recommendation pad to write up the 90 day Skin Journey and home care recommendation plan.

A

Aftercare

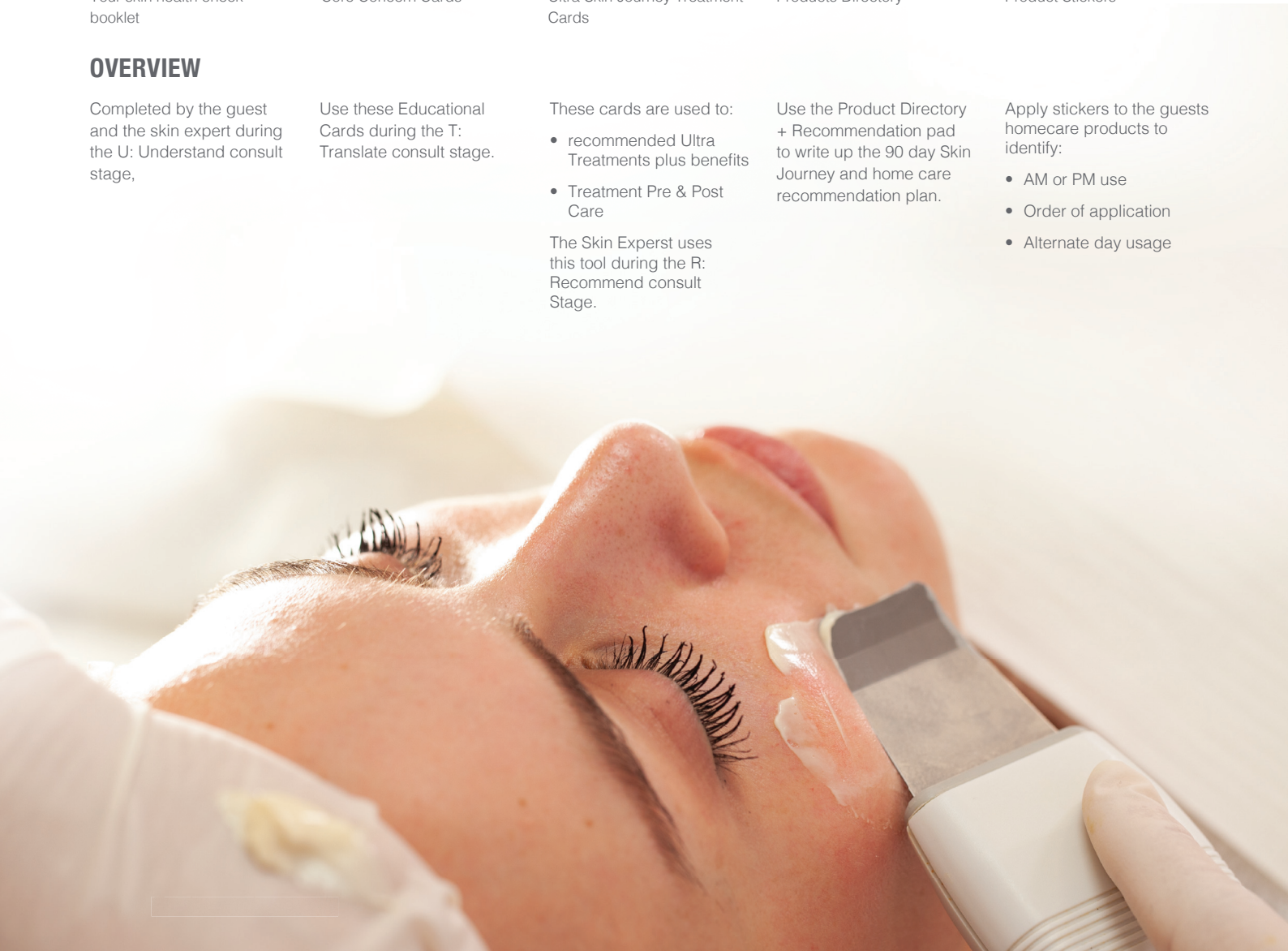
GUEST CARE

- Call guest 2-3 days after their ultra skin treatment
- Clarify homecare plan
- Conform the next ultra skin treatment appointment

Product Stickers

Apply stickers to the guests homecare products to identify:

- AM or PM use
- Order of application
- Alternate day usage



CLIENT REGISTRATION FORM

Ultraceuticals Treatments

CLIENT CONTACT DETAILS

First name	<input type="text"/>	Date of Birth	<input type="text"/>
Last Name	<input type="text"/>	Sex	<input type="radio"/> Male <input type="radio"/> Female
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Preferred	<input type="radio"/>
Mobile	<input type="text"/>		<input type="radio"/>
Email	<input type="text"/>		<input type="radio"/>
Occupation	<input type="text"/>		

If there was one thing you could change about your skin what would it be?

MEDICAL HISTORY

Please answer the following questions relating to you current/past medical history

Please advise if you are taking any prescribed medications e.g.: Isotretinoin, Warfarin, Chemotherapy medication.

Please advise if you are taking any non-prescribed medication or supplements e.g.: Ibuprofen, Aspirin, Fish Oil.

Please advise of any known Allergies: Essential oils, topical anaesthetics

DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS	YES	NO
Diabetes	<input type="radio"/>	<input type="radio"/>
Keloid Scars	<input type="radio"/>	<input type="radio"/>
Skin Cancer	<input type="radio"/>	<input type="radio"/>
Autoimmune Disease	<input type="radio"/>	<input type="radio"/>
Cold sores	<input type="radio"/>	<input type="radio"/>
Haemophilia	<input type="radio"/>	<input type="radio"/>

GENEOLOGY/COMPLEXION

This information is required for correct skincare prescription and treatment selection

Aboriginal/Islander	<input type="radio"/>
Asian	<input type="radio"/>
Mediterranean	<input type="radio"/>
African (African - Amercian)	<input type="radio"/>
Anglo-saxon/Caucasian	<input type="radio"/>
Maori	<input type="radio"/>
American Indian (Native American)	<input type="radio"/>
Indian from India	<input type="radio"/>

Other	YES	NO
Do you smoke?	<input type="radio"/>	<input type="radio"/>
Are you pregnant or lacating?	<input type="radio"/>	<input type="radio"/>
Do you wear glasses?	<input type="radio"/>	<input type="radio"/>
Do you wear contacts?	<input type="radio"/>	<input type="radio"/>

On a scale of 1 -10, with 10 being the highest score, how high would you rate your stress levels?

Consultation Notes

FITZPATRICK SKIN TYPE SURVEY

The most commonly used scheme to classify a person's skin type by their response to sun exposure in terms of the degree of burning and tanning was developed by Thomas B. Fitzpatrick*, MD, PhD

*Fitzpatrick, T.B (1988) The validity and practicality of sun reactive skin type I through IV. Arch Dermatol 124: 869-871

Questions

EYE COLOUR

- 0 Light Colours
- 1 Blue, gray or green
- 2 Hazel or light brown
- 3 Dark brown
- 4 Black

DO YOU TURN BROWN?

- 0 Never
- 1 Seldom
- 2 Sometimes
- 3 Often
- 4 Always

NATURAL HAIR COLOUR

- 0 Sandy red
- 1 Blonde
- 2 Chestnut or dark blond
- 3 Brown
- 4 Black

HOW BROWN DO YOU GET?

- 0 Never
- 1 Light Tan
- 2 Medium Tan
- 3 Dark Tan
- 4 Deep dark

YOUR SKIN COLOUR

- 0 Reddish
- 1 Pale
- 2 Beige or Olive
- 3 Brown
- 4 Dark Brown

IS YOUR FACE SENSITIVE TO SUN?

- 0 Very sensitive
- 1 Sensitive
- 2 Sometimes
- 3 Resistant
- 4 Never have a problem

FRECKLES

- 0 Many
- 1 Several
- 2 Few
- 3 Rare
- 4 None

HOW OFTEN DO YOU TAN?

- 0 Never
- 1 Seldom
- 2 Sometimes
- 3 Often
- 4 Always

IF YOU STAY IN SUN TOO LONG?

- 0 Painful blisters, peeling
- 1 Mild Blisters, peeling
- 2 Burn, Mild peeling
- 3 Rare
- 4 No Burning

WHEN WAS YOUR LAST TAN?

- 0 +Three months ago
- 1 Two - Three months ago
- 2 One - Two months ago
- 3 A few weeks ago
- 4 A few Days ago

Skin Type

Skin Type I

0-6

Always burns, never tans (pale white skin)



Skin Type II

7-13

Always burns easily, tans minimally (white skin)



Skin Type III

14-20

Burns moderately tans uniformly (light brown skin)



Skin Type IV

21-27

Burns minimally, always tans well (moderate brown skin)



Skin Type V

28-34

Rarely burns, tans profusely (dark brown skin)



Skin Type VI

35+

Never burns (deeply pigmented dark brown to black skin)



Your Skin Type

* The information published here is not intended to take the place of medical advice. Please seek advice from a qualified health care professional. This document is an extract of original document www.arpana.gov.au/pubs/RadiationProtection/FitzpatrickSkinType.pdf

BASELINE SKIN ANALYSIS



KEY

- XXXXXX Pigmentation
- OOOOO Papule or pustule
- Congestion
- ~~~~~ Fine lines & wrinkles
- △△△△△ Loss of firmness
- RRRRRRR Redness & capillaries

SKIN TYPE

- Oily
- Dry
- Combination

EXTRA NOTES

ULTRA SKIN JOURNEY

Treatment prescription

Treatments should be performed no more frequently than every two weeks.

1 MONTH		2 MONTH		3 MONTH	
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
4 MONTH		5 MONTH		6 MONTH	
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
7 MONTH		8 MONTH		9 MONTH	
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
10 MONTH		11 MONTH		12 MONTH	
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date
Treatment Performed	Date	Treatment Performed	Date	Treatment Performed	Date

SKIN TYPE

Sensitive Skin
 Oily
 Dry
 Dry/Normal
 Oily/Normal

AREA OF CONCERN

Acne
 Fine lines & wrinkles
 Pigmentation/Age Spots
 Large pores
 Coarse texture
 Dullness
 Dryness
 Loss of Firmness

	DATE								
CLEANSE									
Ultra Soothing Eye Makeup Remover									
Ultra B ² Micellar Solution									
Ultra Balancing Gel Cleanser									
Ultra Hydrating Milk Cleanser									
Ultra Brightening Foaming Cleanser									
Ultra Clear Foaming Cleanser									
Ultra Gentle Exfoliating Gel									

	DATE								
MOISTURISE									
Ultra Balancing Skin Mist									
Ultra B ² Hydrating Serum									
Ultra Hydrating Lotion									
Ultra Moisturiser Cream									
Ultra Rich Moisturiser Cream									
Ultra Moisturiser Eye Cream									

	DATE								
PROTECT									
Ultra Protective Antioxidant Complex									
Ultra UV PDM SPF 30 Hydrating									
Ultra UV PDM SPF 30 Mattifying									
Ultra UV PDM SPF 30 Sheer Tint									

	DATE								
MASKS									
Ultra Replenishing Mask									
Ultra Energising Mask									
Ultra Clear Purifying Mask									

	DATE								
TREAT									
FINE LINES & WRINKLES									
Ultra A Skin Perfecting Serum Mild									
Ultra A Skin Perfecting Serum									
Ultra A Skin Perfecting Serum Concentrate									
LOSS OF FIRMNESS									
Ultra C Firming Eye Cream									
Ultra C23+ Firming Concentrate									
ROUGH & UNEVEN SKIN TEXTURE, ENLARGED PORES									
Even Skintone Smoothing Serum Mild									
Even Skintone Smoothing Serum									
Even Skintone Smoothing Serum Concentrate									
Ultra Smoothing Pore Refiner Serum									
PIGMENTATION, DARK SPOTS, BLOTCHINESS									
Ultra Brightening Serum									
PROBLEMATIC/ CONGESTED SKIN									
Ultra Clear Treatment Lotion									
Ultra Clear Spot Treatment									



TREATMENT SAFETY CHECKLIST

Please read page 11-13 carefully before every treatment. Update the relevant information and ask your client to sign page 14 in order to proceed with the prescribed treatment safely and effectively.

MEDICATION / HEALTH / LIFESTYLE	YES	NO
Do you have a condition that may delay healing and require extra days to recover? E.g. Autoimmune Disease, Diabetes, kidney disease, smoking?	<input type="radio"/>	<input type="radio"/>
Have you taken Roaccutane (acne medication) in the last 12 months?	<input type="radio"/>	<input type="radio"/>
Are you taking and blood thinning medications or supplements such as ibuprofen, aspirin, fish oils?	<input type="radio"/>	<input type="radio"/>
Have you ever developed any skin changes including psoriasis eczema or dermatitis?	<input type="radio"/>	<input type="radio"/>
Do you have a history of cold sores?	<input type="radio"/>	<input type="radio"/>
Are you pregnant, trying to fall pregnant or are you breast feeding?	<input type="radio"/>	<input type="radio"/>
Are you undergoing any stresses (new job, new baby, moving house, pushed for time) that may create a poor healing environment?	<input type="radio"/>	<input type="radio"/>
Are you currently being treated for any form of cancer (Radiation or Chemotherapy)	<input type="radio"/>	<input type="radio"/>
SKIN HEALTH CHECK		
Do you have a history of poor healing or abnormal scar formation (Keloid scaring)?	<input type="radio"/>	<input type="radio"/>
Have you been medically diagnosed with Rosacea?	<input type="radio"/>	<input type="radio"/>
Does a wound on your skin generally develop into brown pigmentation?	<input type="radio"/>	<input type="radio"/>
Have you had facial plastic surgery in the last 12 months?	<input type="radio"/>	<input type="radio"/>
Have you been using a cosmeceutical skincare regime for 2 weeks?	<input type="radio"/>	<input type="radio"/>
Do you currently have any open wounds?	<input type="radio"/>	<input type="radio"/>
Have you had recent sun exposure within 48hrs?	<input type="radio"/>	<input type="radio"/>
PRE TREATMENT SAFETY		
Have you been using Ultraceuticals Even Skintone Smoothing Range or Ultra Brightening Serum for the last 2 weeks?	<input type="radio"/>	<input type="radio"/>
Are you using the Ultra UV Protective Daily Moisturiser Range?	<input type="radio"/>	<input type="radio"/>
Have you waxed your face, had electrolysis or used depilatory creams in the last 5 days?	<input type="radio"/>	<input type="radio"/>
Have you had IPL or laser treatments within the last 14 days?	<input type="radio"/>	<input type="radio"/>
Have you had injectables such as fillers or botox within the last 72hrs?	<input type="radio"/>	<input type="radio"/>
Do you have permanent fillers? (e.g. Aquamed)	<input type="radio"/>	<input type="radio"/>
Have you used a Vitamin A based product such as Retinol or prescriptive Retinoic Acid within 48hours?	<input type="radio"/>	<input type="radio"/>
Have you had any facial treatment (peels, microdermabrasion, IPL, laser therapy) in the last 2 weeks?	<input type="radio"/>	<input type="radio"/>

PROFESSIONAL TREATMENT CONSENT FORM

All Ultraceuticals Treatments are conducted under the strictest of guidelines following Ultraceuticals protocols.

Skin Expert to mark the chosen treatment, please note there are specific contraindications.

ULTRA SIGNATURE & ULTRA PERFORMANCE TREATMENTS

ULTRA SIGNATURE TREATMENTS

Ultra Signature are treatments tailored to each individual skin type and concern.

LACTIC PEEL 30%

Hydrates and Firms. Increases support in the skin, creating plumpness and instant dewiness.

MANDELIC PEEL

Targets excess oil and cells build up to provide skin clarity and deep cleanse.

BRIGHTENING ACCELERATOR MASK

With a cocktail of tried and tested ingredients to deliver a more even and smooth skin tone.

Ultra Equipment

ULTRASONOPHORESIS

UltraSonophoresis delivers active ingredients effectively into the skin using low frequency sound waves

VITA-BRASION

Used to gently and effectively exfoliate and superficially polish the skin. Removing the build-up of dead skin. This treatment will also help to decongest and unclog skin pores

HYDRO-BRASION

Simultaneously incorporates skin resurfacing and Vitamin infusion technology (UltraSonophoresis) to deliver potent anti-ageing ingredients to help smooth, plump and boost skins hydration levels.

CLIENT SIGNATURE

I have read and understood this document and have had sufficient opportunity for discussion and to ask questions.

I hereby give permission for the prescribed treatment on page 12 to be performed.

I understand the instructions on page 12 and the risks associated with my prescribed treatment. I confirm that the information provided is up to date and current. In the unlikely event of unexpected side effects and complications such as severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection, I will call my skincare professional.

1 Client Signature Date

2 Client Signature Date

3 Client Signature Date

4 Client Signature Date

5 Client Signature Date

6 Client Signature Date

7 Client Signature Date

8 Client Signature Date

9 Client Signature Date

10 Client Signature Date

11 Client Signature Date

12 Client Signature Date

13 Client Signature Date

14 Client Signature Date

15 Client Signature Date

16 Client Signature Date

17 Client Signature Date

18 Client Signature Date

19 Client Signature Date

20 Client Signature Date

21 Client Signature Date

22 Client Signature Date

23 Client Signature Date

24 Client Signature Date

SKIN EXPERT CLINICAL NOTES

1

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

2

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

3

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

4

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

5

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

6

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

7

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

8

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

9

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

10

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

11

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

12

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

13

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

14

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

15

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

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Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

17

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

18

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

19

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

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Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

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Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

22

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

23

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

24

Treatment performed

Date

Application (times, layers, intensity)

Additional comments or advice

Post care advice

Product / Sampled

AFTERCARE FOLLOW UP CALL

1

Date

7

Date

2

Date

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Date

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4

Date

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Date

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Date

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ULTRACEUTICALS

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