HydraFacial Treatment Record

Treatment details

Anaesthetic used & verification that reactions were normal. Any adverse reactions to the anaesthetic must be detailed.

Brand used-: _____ **How long was the product left on the skin -?:** _____

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

cheeks

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

chin

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

jowls

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

upper lip

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

nose

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

eyes

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

NEEDLE LENGTHS SELECTED FOR:

Sensory Test: 0.25

Other - Scars/ pigmentation

- ◯ 0.25
- ◯ 0.5
- ◯ 0.75
- ◯ 1
- ◯ 1.5

SKIN REACTIONS

Erythema:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Blood Spots:

- ◯ Mild
- ◯ Moderate
- ◯ Severe
- ◯ Scattered
- ◯ Even

Patient sensation/ discomfort levels during treatment 1-10: _____ **Patient heat levels post treatment 1-10:** _____

Patient tightness & tenderness levels post treatment 1-10: _____

Any other relevant information

Post treatment feedback from the client

Verification that the Patient is happy with the treatment, the skin post treatment and understands the importance of the aftercare discussed.

Patient name: *: _____ Practitioner name: *: _____

Date: *: _____ dd / mm / yyyy