

MY PERSONAL TREATMENT PLAN

My Name: _____ My Skin Care Therapist: _____
Date: _____

My Skin Care Goal(s):

My recommended professional treatment plan to help me achieve my skin care goals:

Treatment Type: _____ Scheduled every _____ days/weeks
Date(s) scheduled: _____

Treatment Type: _____ Scheduled every _____ days/weeks
Date(s) scheduled: _____

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Date(s) scheduled: _____

My personal homecare routine to help support my professional treatment plan in achieving my skin care goals!

Cleanser: _____
Exfoliant: _____
Serum: _____
Moisturizer: _____
SPF: _____
Mask: _____
Other: _____

How often: _____
How often: _____
How often: _____
How often: _____
How often: _____
How often: _____
How often: _____



Important things to remember:

As needed, depending on the rate of progress and changes in my skin, my skin care therapist may adjust this plan in the future. If I have ANY questions, I can call the office at: _____. I, _____, am committed to putting my professional treatment plan and homecare routine into action so I can reach my skin care goals!

My Signature: _____ Date: _____
My Skin Care Therapist's Signature: _____ Date: _____