



Dermatology and aesthetics treatment record

Page one before the first session; page two is filled in at every session.

Patient name

File no.

Date of birth

Phone

Date

Doctor

Skin type and concerns

Skin type (Fitzpatrick)

☐ I☐ II☐ III☐ IV☐ V☐ VI

☐ Acne☐ Pigmentation☐ Melasma☐ Scars

☐ Wrinkles☐ Volume loss☐ Unwanted hair☐ Redness or rosacea

☐ Sensitive skin☐ Laxity☐ Enlarged pores☐ Other:

Planned treatment

Expected sessions

Contraindications

Pregnancy or breastfeeding

☐ Yes☐ No

Isotretinoin (current or recent)

☐ Yes☐ No

Photosensitising medication

☐ Yes☐ No

Recent sun exposure or tan

☐ Yes☐ No

History of keloid or raised scars

☐ Yes☐ No

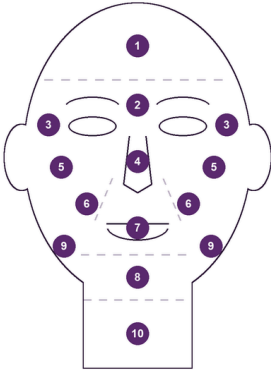
Active infection at the area (including cold sores)

☐ Yes☐ No

If yes: details

Reviewed by and date

Area map



Face

1 Forehead

2 Between the brows

3 Around the eyes

4 Nose

5 Cheeks

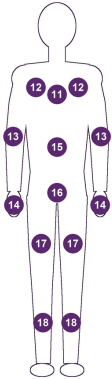
6 Nasolabial folds

7 Lips and around the mouth

8 Chin

9 Jawline

10 Neck



Front

11 Chest

12 Underarms

13 Arms

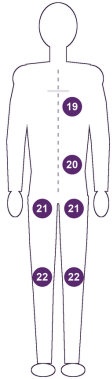
14 Hands

15 Abdomen

16 Bikini area

17 Thighs

18 Lower legs



Back

19 Upper back

20 Lower back

21 Buttocks

22 Back of the legs

Write the zone number in the session table. Shade or mark the area treated.

A Medicalize template · 1

Protocol per session

Date	Session no.	Device or product	Settings or units per zone	Lot no.	Operator	Reaction	Next session

Photo log

Date	View (front, right, left)	Consent to photograph	Taken by	Stored in

Home care given

- ☐ Sunscreen
- ☐ Gentle cleanser
- ☐ Moisturiser
- ☐ Avoid direct sun
- ☐ Avoid heat and sauna
- ☐ Written aftercare sheet
- ☐ Prescribed product
- ☐ Other:

Products and how to use them

Doctor's name and signature

Patient signature

Date

In Medicolize this document lives on the patient file: medicolize.com