**Trin wyneb** – Taflen ymgynghori

| | | | | |
|---|---|---|---|---|
| Enw'r Cleient: | | | | |
| Cyfeiriad: | | Rhif ffôn: | | |
| | | Rhif ffôn symudol: | | |
| | | Cyfeiriad e-bost: | | |
| Enw'r meddyg:<br>Cyfeiriad:<br><br>Rhif ffôn: | | | | |
| Ystod oedran: | Dan 16 ☐ | 16 – 30 ☐ | 30 – 50 ☐ | 50+ ☐ |
| Swydd: | | | | |
| Diddordebau: | | | | |

**Rhaid i'r therapydd wirio'r wybodaeth yma yn ystod yr ymgynghoriad**

| Hanes meddygol perthnasol a nodiadau ffordd o fyw | | | | | |
|---|---|---|---|---|---|
| Alergedd | Ie ☐ | Na ☐ | Salwch pigmentiad | Ie ☐ | Na ☐ |
| Heintiau: Firaol/Parasitig/Bacteriol/ Ffwngaidd | Ie ☐ | Na ☐ | Cyflwr anadlol (asthma) | Ie ☐ | Na ☐ |
| Haint ar y llygaid | Ie ☐ | Na ☐ | Clawstroffobia | Ie ☐ | Na ☐ |
| Llygaid yn rhedeg | Ie ☐ | Na ☐ | Llosg haul | Ie ☐ | Na ☐ |
| Lensys cyffwrdd | Ie ☐ | Na ☐ | Llawdriniaeth ddiweddar | Ie ☐ | Na ☐ |
| Cyflwr croen difrifol | Ie ☐ | Na ☐ | Cemotherapi | Ie ☐ | Na ☐ |
| Clwyfau neu grafiadau | Ie ☐ | Na ☐ | Piniau a phlatiau metel | Ie ☐ | Na ☐ |
| Acne difrifol | Ie ☐ | Na ☐ | Clwyfau a chrafiadau | Ie ☐ | Na ☐ |
| Chwyddi/llid/lympiau - heb dderbyn diagnosis | Ie ☐ | Na ☐ | Esgyrn wedi torri | Ie ☐ | Na ☐ |
| Cosi poenus | Ie ☐ | Na ☐ | Anhwylder ar y galon/clefyd y galon/ rheoliadur (pacemaker) | Ie ☐ | Na ☐ |
| Meinwe craith ddiweddar | Ie ☐ | Na ☐ | Hanes o thrombosis neu emboledd | Ie ☐ | Na ☐ |
| Ecsema/Soriasis | Ie ☐ | Na ☐ | Pwysedd gwaed uchel neu isel | Ie ☐ | Na ☐ |
| Cleisiau | Ie ☐ | Na ☐ | Yn feichiog | Ie ☐ | Na ☐ |
| Croen gor-sensitif | Ie ☐ | Na ☐ | Anghydbwysedd thyroid | Ie ☐ | Na ☐ |
| Ydych chi'n cymryd meddyginiaeth yn rheolaidd? Enghreifftiau: roaccutane, retinol, steroids | | | | Ydw ☐ | Nac ydw ☐ |
| Ydych chi'n derbyn triniaeth feddygol ar gyfer epilepsi neu glefyd y siwgr, gorbryder neu iselder? | | | | Ydw ☐ | Nac ydw ☐ |
| Ydych chi wedi cael unrhyw driniaeth yn ddiweddar? Enghreifftiau: micro pigmentiad, Botox, llenwadau (*fillers*), croen grafiad neu biliad meddygol, IPL, laser neu ddiflewiad *(epilation*) | | | | | |
| Trefn gofal croen presennol: | | | | | |
| Beth oedd canlyniadau'r profion sensitifrwydd cyffyrddol a thermol? | | | | | |



**Facial** – Consultation sheet

| | | | | |
|---|---|---|---|---|
| Client name: | | | | |
| Address: | | Phone number: | | |
| | | Mobile: | | |
| | | Email address: | | |
| Dr's name:<br>Address:<br><br>Phone number: | | | | |
| Age range: | Under 16 ☐ | 16 – 30 ☐ | 30 – 50 ☐ | 50+ ☐ |
| Occupation: | | | | |
| Hobbies: | | | | |

**This information is to be checked through during consultation by the therapist**

| Relevant medical history and lifestyle notes | | | | | |
|---|---|---|---|---|---|
| Allergies | Yes ☐ | No ☐ | Pigmentation disorders | Yes ☐ | No ☐ |
| Infections: Viral/Parasitic/Bacterial/Fungal | Yes ☐ | No ☐ | Respiratory conditions (asthma) | Yes ☐ | No ☐ |
| Eye infections | Yes ☐ | No ☐ | Claustrophobia | Yes ☐ | No ☐ |
| Watery eyes | Yes ☐ | No ☐ | Sunburn | Yes ☐ | No ☐ |
| Contact lenses | Yes ☐ | No ☐ | Recent surgery | Yes ☐ | No ☐ |
| Severe skin conditions | Yes ☐ | No ☐ | Chemotherapy | Yes ☐ | No ☐ |
| Cuts or abrasions | Yes ☐ | No ☐ | Metal pins and plates | Yes ☐ | No ☐ |
| Severe acne | Yes ☐ | No ☐ | Cuts and abrasions | Yes ☐ | No ☐ |
| Swelling/inflammation/undiagnosed lumps | Yes ☐ | No ☐ | Broken bones | Yes ☐ | No ☐ |
| Irritation | Yes ☐ | No ☐ | Heart disorder/disease, pacemaker | Yes ☐ | No ☐ |
| Recent scar tissue | Yes ☐ | No ☐ | History of thrombosis or embolisms | Yes ☐ | No ☐ |
| Eczema/Psoriasis | Yes ☐ | No ☐ | High or low blood pressure | Yes ☐ | No ☐ |
| Bruising | Yes ☐ | No ☐ | Pregnancy | Yes ☐ | No ☐ |
| Hypersensitive skin | Yes ☐ | No ☐ | Thyroid imbalances | Yes ☐ | No ☐ |
| Do you take regular medication? Such as: roaccutane, retinols, steroids | | | | Yes ☐ | No ☐ |
| Are you undergoing any medical treatment for epilepsy or diabetes, anxiety or depression? | | | | Yes ☐ | No ☐ |
| Have you had any recent treatments? Such as: micropigmentation, Botox, dermal fillers, recent dermabrasion or medical peels, IPL or laser and epilation | | | | | |
| Current skin care routine: | | | | | |
| What were the results of the tactile and thermal sensitivity tests? | | | | | |

**Trin wyneb** – Taflen ymgynghori

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|---|---|---|---|---|
| Dyddiad prawf croen (os oedd angen): | | | | |
| Cynnyrch a brofwyd: | | | | |
| Canlyniadau: | | | | |
| **Dadansoddiad croen** | | | | |
| Math o groen | Normal ☐ | Sych ☐ | Seimlyd ☐ | |
| | Cyfunol ☐ | | | |
| Cyflwr croen | Sensitif ☐ | Dadhydredig ☐ | Aeddfed ☐ | |
| | Capilarïau wedi torri ☐ | Papiwlau (*Papules*) ☐ | Croendyllau agored ☐ | |
| | Cylchoedd tywyll ☐ | Pigmentiad ☐ | Creithiog ☐ | |
| | Cochni ☐ | | | |

| | |
|---|---|
| **Llofnod y cleient ar gyfer hawl i drin:** | |
| **Llofnod y therapydd:** | **Dyddiad:** |

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|---|---|
| Dyddiad: | |
| **Triniaeth** | **Sylw** |
| | |
| Llofnod y cleient: | |
| Llofnod y therapydd: | |

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| Dyddiad: | |
| **Triniaeth** | **Sylw** |
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| Llofnod y cleient: | |
| Llofnod y therapydd: | |

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|---|---|
| Dyddiad: | |
| **Triniaeth** | **Sylw** |
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| Llofnod y cleient: | |
| Llofnod y therapydd: | |



**Facial** – Consultation sheet

| | | | | |
|---|---|---|---|---|
| Patch test date (if required): | | | | |
| Product(s) tested: | | | | |
| Results: | | | | |
| **Skin analysis:** | | | | |
| Skin type | Normal ☐ | Dry ☐ | Oily ☐ | |
| | Combination ☐ | | | |
| Skin condition | Sensitive ☐ | Dehydrated ☐ | Mature ☐ | |
| | Broken capillaries ☐ | Papules ☐ | Open pores ☐ | |
| | Dark circles ☐ | Pigmentation ☐ | Scarring ☐ | |
| | Erythema ☐ | | | |

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|---|---|
| **Client signature for permission to treat:** | |
| **Therapist signature:** | **Date:** |

| | |
|---|---|
| Date: | |
| **Treatment** | **Comment** |
| | |
| Client signature: | |
| Therapist signature: | |

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|---|---|
| Date: | |
| **Treatment** | **Comment** |
| | |
| Client signature: | |
| Therapist signature: | |

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| Date: | |
| **Treatment** | **Comment** |
| | |
| Client signature: | |
| Therapist signature: | |