Client Skin Analysis/Evaluation Form

Name:		Date of Consult:		
Address:		Age:	Ge	nder:
Dity:	State:		Zip	:
Known Allergies:				
Medications:				
Fitzpatrick Classification: Type I Type II	ssification Type III	Type IV	Type V	Type VI
Normal	Scars (acne, etc)			
Ory	Photoaging			
Dehydrated	Wrinkles			
Mature	Superficial lines			
Thin, sensitive skin	Deep lines			
Oily	Relaxed elasticity			
Open pores	Good elasticity			
Comedones (blackheads)	Couperose (broken capillaries)			
Milium (whiteheads)	Dilated capillaries			
Asphyxiated (blocked pores and follicles)	Discolorations			
Blemishes/Acne	Other:			
How many years?				
Vulgaris: O No O Yes Chronic: O No O Yes				
Cystic: O No O Yes Rosacea: O No O Yes				
Date: Skin Care Professional:				
Specific Concerns:				
Type of treatment:				
Notes/Remarks:				
Recommended Home Skin Care Products:				
For Daytime:	For Nighttim	ne:		
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