

# G21 CLINICAL SKIN CONSULTATION FORM

Personalized Skincare Recommendation

## CLIENT INFORMATION

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Country / City: \_\_\_\_\_

Age Range (circle one):

18–25 | 26–35 | 36–45 | 46–55 | 56+

Gender (optional): \_\_\_\_\_

## SKIN PROFILE

How would you describe your skin type?

- ☐ Dry
- ☐ Oily
- ☐ Combination
- ☐ Sensitive
- ☐ Dehydrated
- ☐ Not sure

Fitzpatrick Skin Type (circle one):

I II III IV V VI

The Fitzpatrick Scale classifies skin based on natural skin color and response to sun exposure.

This helps guide product selection, treatment planning, and risk awareness.

### **TYPE I – Very Fair Skin**

- Very pale / porcelain skin
- Always burns, never tans
- Extremely sun-sensitive
- High risk of redness, irritation, and photo-damage

Common concerns: sensitivity, redness, premature aging

### **TYPE II – Fair Skin**

- Fair / light skin tone
- Usually burns, tans minimally
- Sun-sensitive
- Prone to inflammation and visible aging

Common concerns: pigmentation, sensitivity, fine lines

### **TYPE III – Light to Medium Skin**

- Light beige to light olive
- Sometimes burns, gradually tans
- Moderate sun sensitivity

Common concerns: uneven tone, early pigmentation, dehydration

### **TYPE IV – Medium to Olive Skin**

- Olive or light brown skin
- Rarely burns, tans easily
- More resilient but still pigment-reactive

Common concerns: hyperpigmentation, post-inflammatory marks

## **TYPE V – Dark Brown Skin**

- Naturally brown skin
- Very rarely burns
- Tans deeply and easily

Common concerns: pigmentation irregularities, uneven tone

## **TYPE VI – Very Dark Skin**

- Deep brown to dark skin
- Never burns
- Highly melanin-rich skin

## PRIMARY SKIN CONCERNS

(Please check all that apply)

- ☐ Acne / breakouts
- ☐ Post-acne marks
- ☐ Pigmentation / melasma
- ☐ Uneven skin tone
- ☐ Fine lines / wrinkles
- ☐ Loss of firmness / laxity
- ☐ Redness / rosacea
- ☐ Sensitivity / reactive skin
- ☐ Dehydration
- ☐ Enlarged pores
- ☐ Dull / uneven texture
- ☐ Other: \_\_\_\_\_

## SKIN HISTORY

Have you ever had professional treatments?

- ☐ No
- ☐ Yes (check all that apply):
  - ☐ Microneedling
  - ☐ Chemical peels

- ☐ Laser / IPL
- ☐ RF / HIFU / Ultrasound
- ☐ Injectables
- ☐ Other: \_\_\_\_\_

Any negative reactions or complications?

- ☐ No
- ☐ Yes (please explain):

## CURRENT SKINCARE ROUTINE

Do you currently use skincare daily?

- ☐ Morning only
- ☐ Night only
- ☐ Morning & night
- ☐ Inconsistent

Are you using any prescription skincare?

- ☐ No
- ☐ Yes (Retinoids, antibiotics, etc.):

List any active ingredients you currently use (if known):

- ☐ Retinol / Retinoids
- ☐ Vitamin C
- ☐ Acids (AHA/BHA)
- ☐ Benzoyl Peroxide
- ☐ Hydroquinone
- ☐ Not sure

Note;

## **SENSITIVITY & MEDICAL CONSIDERATIONS**

Do you experience sensitivity or irritation?

- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently

Have you ever been diagnosed with a skin condition?

- ☐ No
- ☐ Yes (eczema, rosacea, acne, psoriasis, etc.):

Are you currently pregnant or breastfeeding?

- ☐ No
- ☐ Yes

Any known allergies (skincare or medical)?

## LIFESTYLE FACTORS

Sun exposure:

- ☐ Minimal
- ☐ Moderate
- ☐ High / frequent

Do you wear SPF daily?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Lifestyle factors that apply:

- ☐ High stress
- ☐ Poor sleep
- ☐ Smoking / vaping
- ☐ Frequent travel
- ☐ Heavy makeup use
- ☐ Active / athletic lifestyle

## SKIN GOALS

What are your top 1–2 goals for your skin?

How soon are you hoping to see improvement?

- ☐ Gradual / long-term
- ☐ Moderate improvement
- ☐ As soon as safely possible

## **HEMOCARE COMMITMENT**

How consistent can you be with a skincare routine?

- ☐ Basic (cleanser + moisturizer)
- ☐ Moderate (2–3 steps)
- ☐ Advanced (full routine, disciplined)

## CONSENT & ACKNOWLEDGEMENT

- ☐ I understand that this skin consultation is for cosmetic skincare guidance and educational purposes only.
- ☐ I understand this consultation does not provide medical diagnosis or medical treatment.
- ☐ I acknowledge that results vary and depend on consistency, skin condition, and lifestyle factors.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR G21 USE ONLY

Skin Classification: \_\_\_\_\_

Recommended Skincare Program:

- ☐ Barrier Repair
- ☐ Acne Control
- ☐ Pigmentation Correction
- ☐ Anti-Aging / Longevity
- ☐ Sensitive Skin Support

Notes: