

# 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

## **HOME CARE 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: