



## Skin Consultation evaluation form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/daytime phone number: \_\_\_\_\_

### Skin Description (circle all that apply)

Skin Quality: Dry Normal Oily Oily T-Panel  
Skin Sensitivity: Normal (not sensitive) Sensitive Very Sensitive  
Skin Breakouts: Acne Acne rosacea Occasional pimples Breakouts from menstrual cycles

### Skin type:

Type I: Always burns, never tans  
Type II: Usually burn, tan with difficulty  
Type III: Sometimes mild tan, tan about average  
Type IV: Rarely burn, tan with ease  
Type V: Brown skinned people, don't burn but tan  
Type VI: Black skinned people, never burn but tan

What is your ethnicity/nationality? \_\_\_\_\_  
What is your mother's? \_\_\_\_\_  
What is your Father's? \_\_\_\_\_

### Skin History

Are you, or have you ever been treated for acne with any of the following?

Topical Vitamin A (ie Retin A) Vitamin A variants (ie, Differin Gel)

Benzoyl Peroxide Azelaic acid Salicylic acid

Alpha Hydroxy acids Oral antibiotics Isotretinoin (Accutane)

Other (please specify) \_\_\_\_\_

Are you, or have you been treated with any of the following:

Topical corticosteroids Oral corticosteroids

Other (please specify) \_\_\_\_\_

State affected areas: \_\_\_\_\_

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## Have you ever had any of the following? (Circle all that apply)

Facial surgical procedures    Laser treatments    Laser hair removal    Microdermabrasion

Moles or sun spots removed    Waxing

Have you ever had a chemical peel done? (please specify) \_\_\_\_\_

Other skin treatments (please specify) \_\_\_\_\_

## General Health: Are you, or do you have any of the following?

On a diet    smoking    Pregnant    Diabetic    Lactating    Epileptic    Porphyria

Herpes (lips); frequent cold sores    Thyroid issues    Facial metal implants / Excess fillings

Pmaker / Cardiac irregularities    Untreated sinus infection

## Are you taking any of the following?

Hormone replacement therapy    Birth control pill

Other medication (please specify) \_\_\_\_\_

Vitamin supplements (please specify) \_\_\_\_\_

Are you allergic to any medication or other substance? (please specify) \_\_\_\_\_

## History of sun exposure

Have you had any recent tanning bed or sun exposure that changed the color of your skin?    Yes    No

Do you use a sunscreen daily?    Yes    No

Do you, or have you done any of the following?

Sunbathing    Sunbed tanning    Outdoor sports    Gardening



## What skin care products are you currently using? (circle all that apply)

Soap   Toner   Mask   Eye product   Cleanser   Day moisterizer   Exfoliator

Scrubs   Shower gels   Body lotions   Sunscreen (include SPF)   Night moisturizer/cream

Makeup products

How much time do you spend on your daily skin care/makeup routine? \_\_\_\_\_

How long have you been using this regimen, and in your opinion how effective has this regimen been?

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## Have you used any of the following hair removal methods in the past 6 weeks:

Shaving   Waxing   Electrolysis   Plucking   Tweezing   Stringing   Depilatories

## YOUR Areas of Skin Concern:

Breakouts/acne   Blackheads   Excessive oil/shine   Rosacea   Broken capillaries

Redness/ruddiness   Sun spot/liver spot/brown spots   Uneven skin tone   Sun damage

Wrinkles/fine lines   Dull/dry skin   Flaky skin   Dehydrated

**Eyes:**   Dehydrated   Wrinkles   Puffiness   Dark circles   Other: \_\_\_\_\_

**Lips:**   Dehydrated   Cracked/chapped   Loss of fullness   Other \_\_\_\_\_

## Describe your skin care goals, the issues you would most like to address:

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### Aesthetician visual assessment:

Eye area:   Crows feet   Puffiness   Lack of elasticity   Dark shadows

Mouth area:   Wrinkles   Hyperpigmentation   Nasolabial folds

Cheek area:   Loss of elasticity   Sun damage   Cross wrinkling   Dilated pores   Uneven texture  
Visible capillaries

Neck and decollete area:   Wrinkles   Severe sun damage   Lack of elasticity   hyperpigmentation

Upper face/forehead:   Glabellar lines   Forehead lines   Lateral brow droop (ptosis)

Hands:   Volume loss   Visible veins   Age spots/liver spots