Client Skin Analysis/Evaluation Form

Name: _____ Date of Consult: _____

Address: _____ Age: _____ Gender: _____

City: _____ State: _____ Zip: _____

Known Allergies: _____

Medications: _____

Skin Classification

Fitzpatrick Classification: Type I Type II Type III Type IV Type V Type VI

Normal _____

Dry _____

Dehydrated _____

Mature _____

Thin, sensitive skin _____

Oily _____

Open pores _____

Comedones (blackheads) _____

Milium (whiteheads) _____

Asphyxiated (blocked pores and follicles) _____

Blemishes/Acne _____

How many years? _____

Vulgaris: ❍ No ❍ Yes Chronic: ❍ No ❍ Yes

Cystic: ❍ No ❍ Yes Rosacea: ❍ No ❍ Yes

Scars (acne, etc) _____

Photoaging _____

Wrinkles _____

Superficial lines _____

Deep lines _____

Relaxed elasticity _____

Good elasticity _____

Couperose (broken capillaries) _____

Dilated capillaries _____

Discolorations _____

Other: _____

Date: _____ Skin Care Professional: _____

Specific Concerns: _____

Type of treatment: _____

Notes/Remarks: _____

Recommended Home Skin Care Products:

For Daytime:

_____

_____

_____

_____

For Nighttime:

_____

_____

_____

_____