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:

_____
_____
_____
_____