

Skincare Evaluation

Name: _____

Email: _____

Age: _____

Sex: _____ Female _____ Male

Choose the skin type that most closely matches you:

Normal Dry Combination Oily Very Oily/Problem

Describe your skin: _____

What concerns you about your skin?	Yes / No
Dehydration (dry skin)	Yes / No
Whiteheads	Yes / No
Blackheads	Yes / No
Excess oil	Yes / No
Milia	Yes / No
Pigmentation	Yes / No
Acne	Yes / No
Sensitive	Yes / No
Visible capillaries	Yes / No
Aging – wrinkles	Yes / No
Active lesions	Yes / No

What products do you currently use (brands): _____

How often do you cleanse your face? _____

Product Allergies or Reactions: _____

Do you use sunscreen? _____

Choose the description that most closely matches your skin to sun reaction:

Always burns

Usually burns

Sometimes burns

Rarely burns

Never burns

Are you using a Glycolic Acid product? _____ Retin – A _____ Percentage? _____

Have you had a chemical peel Yes / No

Do you smoke Yes / No

Are you currently or have you used Accutane? Yes / No

Are you pregnant? Yes / No

Do you have Rosacea? Yes / No

What do you like best about your skin? _____

What do you like least about your skin? _____

Have you had facial surgery? Yes / No Do you plan to have? Yes / No