



Skin Evaluation Form:

Please answer the following questions. This will allow your esthetician to get to know your skin a little better. It is necessary that you answer all the questions to the best of your ability in order establish the best and safest treatment for your skin.

Please check off any of the skin conditions that concern you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Blackheads | <input type="checkbox"/> Acne Scars |
| <input type="checkbox"/> Age Spots | <input type="checkbox"/> Whiteheads | <input type="checkbox"/> Uneven Skin Texture |
| <input type="checkbox"/> Freckles | <input type="checkbox"/> Pimples | <input type="checkbox"/> Pore Size |
| <input type="checkbox"/> Uneven Complexion | <input type="checkbox"/> Clogged Pores | <input type="checkbox"/> Dry Patches/Skin |
| <input type="checkbox"/> Fine Lines | <input type="checkbox"/> Excessive Oiliness | <input type="checkbox"/> Broken Capillaries/Blood Vessels |
| <input type="checkbox"/> Deep Wrinkles | <input type="checkbox"/> Acne | <input type="checkbox"/> Rosacea |

What type of skin do you have?

- Dry Normal Oily Dry/Normal Oily/Normal Sensitive

Do you tan? Y N If so, how often? _____

Are you currently using Retin-A? Y N If so, what strength? _____

Have you or are you currently using Accutane? _____

Are you currently using any Prescription creams? Y N Name: _____

Are you using (topically/orally) anything that makes you photosensitive? Y N

Are you currently taking Antibiotics? Y N _____

Have you ever had any cosmetic peels? Y N What kind? _____

Have you ever received any Laser or Microdermabrasion treatments? Y N

Please tell us about your current skin care regimen by checking off the items that you use and list the brand name:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cleanser _____ | <input type="checkbox"/> Astringent _____ | <input type="checkbox"/> Mask _____ |
| <input type="checkbox"/> Toner _____ | <input type="checkbox"/> Eye Cream _____ | <input type="checkbox"/> Scrub _____ |
| <input type="checkbox"/> Moisturizer _____ | <input type="checkbox"/> Night Cream _____ | <input type="checkbox"/> Sunscreen _____ |

Aesthetician Notes:
