

Client Skin Analysis

Client Name: _____ **Date:** _____

Please answer the following questions:

Do you have any allergies/reactions to products, makeup, foods, or medication?

Yes _____ No _____ Please list: _____

Are you currently using Retin-A/Renova or Tretinoin? Yes _____ No _____

Have you taken Accutane within the last 6 months? Yes _____ No _____

Have you ever taken Accutane? When? _____

What type of skin care products do you use? (cleansers, creams, lotions, AHA's, etc.)

Please list: _____

Do you exfoliate regularly? Yes _____ No _____ If so, how often? _____

With what product? _____

Do you wear a sunscreen? Yes _____ No _____

What brand? _____

What is your daily skin care routine? AM: _____

PM: _____

What brand of makeup do you wear? _____

Have you had any sun exposure within the last 7-10 days? Yes _____ No _____

What type of skin do you feel that you have?

Normal _____ Oily _____ Dry _____ Combo _____ Sensitive _____

Do you have any of the following conditions? Diabetes, epilepsy, pregnant, autoimmune disease, metal implants, or dental appliances. (If so, please circle.)

Have you ever had a facial, peel, microdermabrasion, or laser treatment in the past? Yes _____ No _____

When? _____ How often? _____

Have you ever been to a dermatologist? Yes _____ No _____

If so, for what? _____

What would you like to improve about your skin? _____

Client Signature: _____ Date: _____