



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:

- Sun Damage Blackheads Acne Scars
- Age Spots Whiteheads Uneven Skin Texture
- Freckles Pimples Pore Size
- Uneven Complexion Clogged Pores Dry Patches/Skin
- Fine Lines Excessive Oiliness Broken Capillaries/Blood Vessels
- Deep Wrinkles Acne 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:

- Cleanser _____ Astringent _____ Mask _____
- Toner _____ Eye Cream _____ Scrub _____
- Moisturizer _____ Night Cream _____ Sunscreen _____

Aesthetician Notes:
