

Skin Analysis Form

Client Information

Name:

Date of Birth:

Gender:

Contact Number:

Email Address:

Skin History

1. Previous Skincare Treatment:

Facial

Chemical Peel

Microdermabrasion

Laser Treatment

Other (Specify):

2. Skin Conditions (check all that apply):

Acne

Dry Skin

Oily Skin

Sensitive Skin

Rosacea

Hyperpigmentation

Fine Lines/Wrinkles

Other (Specify):

3. Current Skincare Routine:

Cleanser:

Toner:

Moisturizer:

Sunscreen:

Treatment/Serum:

Other (Specify):

Skin Analysis

1. Skin Type:

Normal

Oily

Dry

Combination (specify):

2. Skin Sensitivity:

Low

Moderate

High

3. Current Skin Concerns (check all that apply):

Acne

Redness

Dullness

Uneven Texture

Dark Spots

Aging

4. Environmental Exposures:

Sun Exposure

Pollution

Harsh Weather Conditions

5. Lifestyle Factors:

Smoking

Alcohol Consumption

Stress Levels

Additional Comments/Notes

Skincare Professional's Recommendations

Based on the information provided, the following skincare recommendations are suggested:

1. Skincare Products:

Cleanser:

Toner:

Moisturizer:

Sunscreen:

Treatment/Serum:

Other (Specify):

2. Professional Treatments (if recommended):

Facial

Chemical Peel

Microdermabrasion

Laser Treatment

Other (Specify):

3. Homecare Instructions:

Follow a consistent skincare routine.

Avoid excessive sun exposure.

Use recommended products as directed.

Other (Specify):

Client Agreement

I, _____, acknowledge that the information provided is accurate to the best of my knowledge. I understand that the skincare recommendations are based on the information provided and may be adjusted as needed.

Client's Signature:

Date: