# Skin Assessment Form

**Patient Information**

Name: John Smith

Date of Birth: January 15, 1985 Gender: Male

Contact Number: 123-456-7890 Email: johnsmith@email.com

**Medical History**

Any known skin conditions or allergies? Please specify:
None

Current medications or treatments being taken:
None

**Lifestyle and Habits**

Occupation: Office worker

Sun exposure habits (including outdoor activities and sunscreen usage):
Moderate sun exposure during lunch breaks, sunscreen usage during outdoor activities.

Smoking or alcohol consumption: Non-smoker, occasional alcohol consumption.

Sleep patterns:
Average 7-8 hours of sleep per night.

**Skin Concerns**

What are your primary skin concerns? (e.g., acne, dryness, redness, aging, etc.):
Mild acne and occasional dryness.

How long have you been experiencing these concerns?
Acne for the past year, dryness occasionally during winter months.

Have you tried any treatments or products to address these concerns? If yes, please provide details:
Over-the-counter acne products with limited success.

**Skin Type and Characteristics**

Skin type: Combination

Skin tone: Medium

Skin texture: Smooth

Presence of visible pores: Yes

Presence of fine lines or wrinkles: No

**Current Skincare Routine**

Cleanser: Gentle foaming cleanser

Toner: Alcohol-free toner

Moisturizer: Lightweight gel moisturizer

Sunscreen: Broad-spectrum SPF 30

Additional products or treatments: None

**Additional Notes or Comments:**

John has been struggling with mild acne and occasional dryness. It would be helpful to further assess the severity and specific concerns related to acne, as well as any triggers or patterns associated with dryness. A thorough consultation and examination would allow for a tailored treatment plan that may include targeted skincare products, lifestyle modifications, and professional treatments such as chemical peels or extractions.