

# CLIENT SKIN ANALYSIS FORM

Name: \_\_\_\_\_ Date of Analysis: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Analysis

Fitzpatrick Type:

Type I

Type III

Type V

Type II

Type IV

Type VI

Skin Type:

Normal: \_\_\_\_\_

Combination: \_\_\_\_\_

Dry/dehydrated: \_\_\_\_\_

Sensitive: \_\_\_\_\_

Oily: \_\_\_\_\_

Appearance:

Photoaging \_\_\_\_\_

Couperose (broken capillaries): \_\_\_\_\_

Wrinkles: \_\_\_\_\_

Dilated capillaries: \_\_\_\_\_

Superficial lines: \_\_\_\_\_

Discolorations/hyperpigmentation: \_\_\_\_\_

Deep lines: \_\_\_\_\_

Relaxed elasticity: \_\_\_\_\_

Scarring: \_\_\_\_\_

Good elasticity: \_\_\_\_\_

Pores

Open pores: \_\_\_\_\_

Milium (whiteheads): \_\_\_\_\_

Comedones (blackheads): \_\_\_\_\_

Asphyxiated (blocked pores and follicles): \_\_\_\_\_

Blemishes/Acne: \_\_\_\_\_

How many years? \_\_\_\_\_

Chronic: \_\_\_\_\_

Vulgaris: \_\_\_\_\_

Cystic: \_\_\_\_\_

Notes/Other: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_