

Skin Analysis Form

CLIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date of consultation: _____ dd / mm / yyyy

Address: _____

Client concern(s)/goal(s):

Relevant health history:

SKIN ANALYSIS

Skin classification/type:

Tone:

Texture:

Firmness:

Elasticity:

Hydration:

Other observations (e.g.: presence of acne, scars, blemishes, wrinkles):

OVERALL ANALYSIS/REMARKS

Specify below:

TYPE OF TREATMENT

Specify below:

RECOMMENDED SKINCARE ROUTINE/PRODUCTS

1. Skincare routine/product: _____

Instructions:

2. Skincare routine/product: _____

Instructions:

3. Skincare routine/product: _____

Instructions:

4. Skincare routine/product: _____

Instructions:

5. Skincare routine/product: _____

Instructions:

SKIN PROFESSIONAL/DERMATOLOGIST INFORMATION

Name: _____

Signature: _____
License ID/number: _____ Contact information: _____