

# Client Skin Analysis/Evaluation Form

Name: \_\_\_\_\_ Date of Consult: \_\_\_\_\_

Street Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

<u>Skin Classification</u>						
Fitzpatrick Classification:	Type I	Type II	Type III	Type IV	Type V	Type VI
Normal _____				Scars (acne, etc) _____		
Dry _____				Photoaging _____		
Dehydrated _____				Wrinkles _____		
Mature _____				Superficial lines _____		
Thin, sensitive skin _____				Deep lines _____		
Oily _____				Relaxed elasticity _____		
Open pores _____				Good elasticity _____		
Comedones (blackheads) _____				Couperose (broken capillaries) _____		
Milium (whiteheads) _____				Dilated capillaries _____		
Asphyxiated (blocked pores and follicles) _____				Discolorations _____		
Blemishes/Acne _____				Other: _____		
How many years? _____				_____		
Vulgaris: Yes No Chronic: Yes No				_____		
Cystic: Yes No Rosacea: Yes No				_____		

Date: \_\_\_\_\_ Skin Care Professional: \_\_\_\_\_

Specific Concerns: \_\_\_\_\_

Type of treatment: \_\_\_\_\_

Notes/Remarks: \_\_\_\_\_

Recommended Home Skin Care Products:

For Daytime:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Nighttime:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SOUTHERN MAINE AESTHETICS**

AGING GRACEFULLY ONE TREATMENT AT A TIME

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