

Skincare Assessment Form



Name:		Date:	
Technician			

What is your skin Type?

- ☐ Dry
- ☐ Oily
- ☐ Mature
- ☐ Acne Prone
- ☐ Sensitive
- ☐ Combination
- ☐ Other:

What products are you currently using?

- ☐ Cleansers
- ☐ Moisturizers
- ☐ Anti-Aging Serums
- ☐ Medications

Are you currently using a sun screen daily?

- ☐ Yes
- ☐ No

Are you currently receiving any skin care treatments? (Chemical Peels, laser treatments, facials, etc.)

- ☐ Yes
- ☐ No

If yes, please list:

What products are you most unhappy with in your regimen?

What improvements would you like to see in your skin?

Are you currently using any AHA/BHA acids or retinols? (glycolic, lactic, salicylic acids, vitamin

- ☐ Yes
- ☐ No

Are you currently pregnant or breastfeeding?

- ☐ Yes
- ☐ No

Do you have any allergies that you are aware of?

- ☐ Yes
- ☐ No

If yes, please list:

If we were to hold a skincare event, would you be interested in attending?

- ☐ Yes
- ☐ No