

# FACIAL SKIN ANALYSIS FORM

NAME:

AGE:

GENDER:

ADDRESS:

EMAIL:

Skin UV Sensitivity (Fitzpatrick Scale):  I  II  III  IV  V  VI

Skin Type	Details
I	• Never tans, always burns (extremely fair skin, blonde/red hair)
II	• Occasionally tans, usually burns (fair skin, sandy to brown hair)
III	• Often tans, sometimes burn during first exposure to sun (medium skin, brown hair)
IV	• Always tans, never burns (Olive skin, brown/black hair)
V	• Never burns (dark brown skin, black hair)
VI	• Never burns (black skin, black hair)

Acne:  No  I  II  III  IV

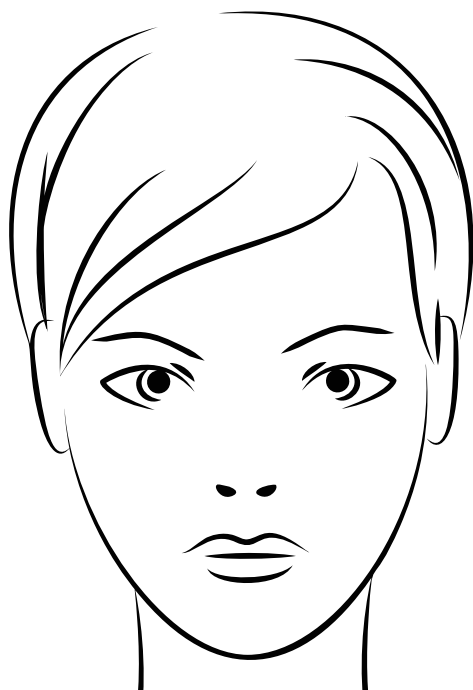
Glogau Scale:  I  II  III  IV

Grade	Details
I	• <u>Mild</u> : Some comedones
II	• <u>Moderate</u> : Papules and pustules
III	• <u>Moderately Severe</u> : Numerous papules and pustules, and occasional inflamed nodules
IV	• <u>Severe</u> : Many large, painful nodules & pustules

Scale	Details
I	• <u>Mild</u> : No Wrinkles
II	• <u>Moderate</u> : Wrinkles in motion
III	• <u>Advanced</u> : Wrinkles visible at rest
IV	• <u>Severe</u> : Mostly wrinkles skin

Skin Condition:					
Dry Skin <input type="checkbox"/>	Aging Skin <input type="checkbox"/>	Blocked Pores <input type="checkbox"/>	Deep lines <input type="checkbox"/>	Discolorations <input type="checkbox"/>	
Oily Skin <input type="checkbox"/>	Open Pores <input type="checkbox"/>	Scarring <input type="checkbox"/>	Relaxed elasticity <input type="checkbox"/>	Irritation <input type="checkbox"/>	
Combination <input type="checkbox"/>	Blackheads <input type="checkbox"/>	Pigmentation <input type="checkbox"/>	Good elasticity <input type="checkbox"/>	Sunburn <input type="checkbox"/>	
Sensitive <input type="checkbox"/>	Whiteheads <input type="checkbox"/>	Superficial ines <input type="checkbox"/>	Couperose <input type="checkbox"/>	Redness <input type="checkbox"/>	

Other: \_\_\_\_\_



Notes:

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Other: \_\_\_\_\_

**Notes:**



# FACIAL CLIENT TREATMENT PLAN

**NAME:**

**DATE:**

I recommend the following professional treatments for you to help achieve the results you desire:

<b>Treatment Type</b>	
<b>Schedule</b>	<input type="checkbox"/> Every _____ Day <input type="checkbox"/> Every _____ Week
<b>Total Sessions</b>	
<b>Charges</b>	

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## HOME CARE

Cleanser:		How often:	
Serum:		How often:	
Exfoliant:		How often:	
SPF:		How often:	
Moisturizer:		How often:	
Repair Tx:		How often:	
Spot Tx:		How often:	
Other:		How often:	

If you have any questions about your treatment plan, or when and how to use your home care products, please contact me any time. Your treatment plan may change depending on the rate of progress and changes in your skin.

**Please Initial:**

\_\_\_\_\_ I understand that to achieve maximum benefits and maintain the results from my professional treatments, home care product use as outlined above is essential.

\_\_\_\_\_ I commit to my success by pledging to wear sunscreen daily.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date

# FACIAL HOME CARE REGIMEN

**NAME:**

**DATE:**

Follow these home care regimens for best result.

Wash your face well with a spoonful of water, massaging the whole face in a circular motion for about 30 seconds, and rinse with warm water. Make sure there is no more cleanser on the face.

Product Recommended:

Take a damp sponge and apply some freshener on it and wipe the entire face thoroughly. Apply freshener again by spraying or by utilizing the fingertips and tapping the skin.

Product Recommended:

In the first part of the day, apply a nut size measure of day cream on a face and neck after freshener. This day cream additionally gives security to your skin from the sun because of an SPF of \_\_\_\_\_.  
Allow to dry before applying makeup.

Product Recommended:

At night, clean your face and neck with freshener and apply night cream on face and neck and massage gently. The skin should feel marginally wet yet not very oily. The cream will sustain your skin as you rest.

Product Recommended:

You should apply face mask on your cleaned and conditioned skin once or twice a week. The mask should be applied with the fingertips to the thickness of a dime. Leave the mask on the time span suggested by the manufacturer and rinse the mask off with lukewarm water. Follow your day and night skin care regime as usual.

Product Recommended:

Any Notes or Instructions: