

DATE \_\_\_\_\_

# NC TEACHING SPA - SKIN ANALYSIS

Client Name: \_\_\_\_\_

Esthetician to complete: Did you review the Health History form with client? If yes, check here.  1st  2nd

## Client Skin Analysis Form

### Present Homecare - Product Line(s), Product(s), Skin Type

Home Care	Y	N	<u>1st Appointment</u>	<u>2nd Appointment</u>
Eye Makeup Remover	<input type="checkbox"/>	<input type="checkbox"/>		
Cleanser	<input type="checkbox"/>	<input type="checkbox"/>		
Toner	<input type="checkbox"/>	<input type="checkbox"/>		
Exfoliants	<input type="checkbox"/>	<input type="checkbox"/>		
Moisturizer(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Creams	<input type="checkbox"/>	<input type="checkbox"/>		
Masks	<input type="checkbox"/>	<input type="checkbox"/>		
Serums	<input type="checkbox"/>	<input type="checkbox"/>		

### Skin Analysis - Esthetician include all Comments and Facial Areas

	<u>1st Appointment</u>	<u>2nd Appointment</u>
Date of Skin Analysis		
Esthetician's Name <small>(print)</small>		
LIPID (SEBACEOUS) SYSTEM SUPERFICIALLY		
GRAIN		
THICKNESS		
TEXTURE		
HYDRATION		
SKIN SENSITIVITIES/REACTIONS		
LIPID (SEBACEOUS) SYSTEM LESIONS		
TONE		
KERATINIZATION		
CIRCULATION		
COMPLEXION, FITZPATRICK SCALE & PIGMENTATION		
VARIOUS SKIN LESIONS/DISORDERS		
OTHER COMMENTS		

## SPECIFIC FACIAL NOTES

1st Appointment

2nd Appointment

Skin Type:		
Treatment Protocol:		
Specific Problems to Treat:		

*Include Product(s) Used & Benefits (Special Procedures/Comments)*

1st Appointment

2nd Appointment

Inhalation		
Eye Makeup Remover		
Cleansers		
Lucas Hydrolat:	YES / NO      TIME:	YES / NO      TIME:
Exfoliant/Chemical Peel with Steam:	YES / NO      TIME:	YES / NO      TIME:
Toner		
Disincrustation (Treatment and/or Equipment Used):		
Extractions: Lesion Type		
Extractions: Area		
Extraction Duration:		
Disinfect & Soothe (Treatment and/or Equipment Used):		
Serum/Ampoule:		
Galvanic:	YES / NO      INTENSITY:	YES / NO      INTENSITY:
Therapeutic Treatment:		
Specialized Appl. Technique:		
Massage Medium		
Mask		
Toner		
Serum		
Moisturizer		
Sun Protection		
Eye Treatment		

## Home Care Recommendations and Comments

1st Appointment

2nd Appointment

Cleanser		
Toner		
Exfoliant		
Serum		
Mask		
Day Moisturizer		
Sun Protection Cream		
Night Moisturizer		
Eye Cream		