

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	1st Appointment (products used & frequency)	2nd Appointment
Eye Makeup Remover	<input type="checkbox"/>			
Cleanser	<input checked="" 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

1st Appointment

2nd Appointment

	<u>1st Appointment</u>	<u>2nd Appointment</u>
Date of Skin Analysis		
Esthetician's Name (print)		
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		