

SKIN ANALYSIS CHECKLIST

PATIENT INFO

Name: *Oily Skin with Food-Related Acne* Date: _____
 Skin Type: *Oily* Allergies: _____
 Sub Conditions: *Surface Dry* Medications: _____

CHARACTERISTICS

- Painful Cystic Acne
- Pustules/Papules
- Blackheads/Whiteheads
- Large Pores
- Scarring/Pitting
- Congestion
- Couperose
- Rosacea
- Dermatitis/Eczema
- Jowling
- Hyperpigmentation/
Melasma
- Sun Spots
- Sun Damage
- Excess Wrinkles
- Puffy Eyes
- Dark Circles
- Deep Neck Lines
- Hypopigmentation
- Excess lines above lip
- Candida Albicans (yeast)
- Gluten Intolerance
- Dairy Sensitivity
- Basal Cell sighting
- Thyroid $\begin{cases} \text{Under} \\ \text{Over} \end{cases}$
- Ears - Blackheads
- Skin Tags



SKIN TYPE

- Oily
- Oily / Combo
- Combo/Dry
- Dry

SUB-CONDITIONS

- Surface Dry
- Heat/Inflammation
- Thin, delicate skin
- Thickened, damage skin