

SKIN ANALYSIS CHECKLIST

PATIENT INFO

Name: Oily Skin with Pitting and Scarring Date: _____

Skin Type: Oily Allergies: _____

Sub Conditions: Thickened 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 $\left\{ \begin{array}{l} \text{Under} \\ \text{Over} \end{array} \right.$
- Ears - Blackheads
- Skin Tags



SKIN TYPE

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

SUB-CONDITIONS

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