

# SKIN ANALYSIS CHECKLIST

## PATIENT INFO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Skin Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Sub Conditions: \_\_\_\_\_ 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 < Under  
Over
- Ears - Blackheads



## SKIN TYPE

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

## SUB-CONDITIONS

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