Skin Treatment Analysis

Patient information:

Last Name_____ First_____ Middle_____

Have you ever taken Accutane?_____ When_____ Dosage_____ Months_____

Have you used Tretinoin? (Retin A)_____ %_____

Breast feeding?_____ Attempting pregnancy?_____

Skin tans? ☐ Skin burns? ☐ Precancerous lesions?_____ Lesion removal?_____ When?_____

Mole removal?_____ When?_____

Hair removal?_____ Wax ☐ Electrolysis ☐ Laser ☐

Permanent make-up?_____ Other_____

PREVIOUS RESURFACING PROCEDURES *(please give dates)*

CO2_____ Erbium_____ Dermabrasion____ **Peels**: Phenol_____ TCA_____ Glycolic_____ Salicylic_____

Other Treatments_____

HOME SKIN CARE PRODUCTS

Cleanser/Soap_____ Times/day_____ Toner/Astringent/Rinse_____

Moisturizer_____ Eye cream_____ Exfoliater_____

Sunscreen_____ Other_____ Mineral Make up_____

BOTTOM TO BE FILLED OUT BY DOCTOR/AESTHETICIAN/LASER TECHNICIAN

PATIENT SKIN ANALYSIS

Oily ☐ X-Dry ☐ Dry ☐ Normal ☐ Combination ☐ Thick ☐ Thin ☐ Normal ☐ Other ☐

Wrinkles_____ Fine_____ Deep_____ Acne_____ Type_____ Acne scars_____

Other scarring_____

Keloids_____ Scarring_____ Pigmentation_____

Telangiectasias_____ Milia_____ Comedones_____

Enlarged pores_____ Elastosis_____ Keratosis_____

SKIN COLOR ANALYSIS

Caucasian Light ☐ Medium ☐ Dark ☐ Very dark ☐ **African American** Light ☐ Medium ☐ Dark ☐ Very dark ☐

Asian Light ☐ Medium ☐ Dark ☐ Very dark☐ **Indian** Light ☐ Medium ☐ Dark☐ Very dark ☐

Hispanic Light ☐ Medium☐ Dark ☐ Very dark ☐ Ethnic Combination _____