

## Skin Analysis Intake Form

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Referred by: \_\_\_\_\_

Does your job require you to be outdoors? Y N

What would you like to achieve from your treatment today?

### YOUR SKIN CARE

1. Have you ever had a facial treatment before? Y N When?

2. Which of the following best describes your skin type?

- |                             |                                  |
|-----------------------------|----------------------------------|
| I. Creamy Complexion        | Always burns easily, never tans  |
| II. Light Complexion        | Always, tans slightly            |
| III. Light/Matte Complexion | Burns moderately, tans gradually |
| IV. Matte Complexion        | Seldom burns, always tans well   |
| V. Brown Complexion         | Rarely burns, deep tan           |
| VI. Black Complexion        | Never burns, deeply pigmented    |

3. Do you have any special skin concerns pertaining to your face? Y N

Specify: \_\_\_\_\_

4. Have you ever had chemical peels, laser, or microdermabrasion? Y N

In the last month? Y N

5. Do you use Retin-A, Renova, Adapalene Hydroxyl Acid, or Retinol/vitamin A derivative products? Y N

Describe: \_\_\_\_\_

6. Have you used any of these products in the last 3 months? Y N

7. Have you used an acne medication? Y N

When? \_\_\_\_\_ Which drug? \_\_\_\_\_

8. What skin care products are you currently using?

Cleanser \_\_\_\_\_ Toner \_\_\_\_\_

Mask \_\_\_\_\_ Eye Product \_\_\_\_\_

Day Cream \_\_\_\_\_ Night Cream \_\_\_\_\_

SPF \_\_\_\_\_ Foundation \_\_\_\_\_

9. Have you recently used any self tanning lotions, creams, or treatments? Y N

Specify: \_\_\_\_\_

10. Have you used any of the following hair removal methods in the past 6 weeks?

Shaving Waxing Electrolysis Plucking Tweezing Stringing Other

— THE —  
**G O O D F A C E**

11. What areas of concern do you have regarding your SKIN?  
 (check any that apply and explain)

- |                                  |                     |
|----------------------------------|---------------------|
| Breakouts/acne                   | Uneven skin tone    |
| Blackheads/whiteheads            | Sun damage          |
| Excessive oil/shine              | Wrinkles/fine lines |
| Rosacea                          | Dull/dry skin       |
| Broken capillaries               | Flaky skin          |
| Redness/ruddiness                | Dehydrated          |
| Sun spot/ liver spot/ brown spot | Other               |

EYES:

- Dehydrated    Wrinkles    Puffiness    Dark circles    Other

LIPS:

- Dehydrated    Cracked/chapped lips    Other

12. Have you had an allergic reaction to any of the following?

- |                |                |
|----------------|----------------|
| Cosmetics_____ | AHAs_____      |
| Medicine_____  | Fragrance_____ |
| Food_____      | Animals_____   |
| Latex_____     | Sunscreen_____ |
| Drugs_____     | Iodine_____    |
| Pollen_____    | Other_____     |

13. What SPF Do you use on your face? How often?

14. What SPF Do you use on your body? How often?

15. Have you had any recent tanning bed or sun exposure that changed the color of your skin? Y N Specify:\_\_\_\_\_

16. Hqve you experienced Botox, Restylane, or Collagen injection? Y N  
 Specify:\_\_\_\_\_

17. Are you taking oral contraceptives? Y N  
 Specify:\_\_\_\_\_

18. Any recent changes to your contraceptive treatment? Y N  
 If so, what and when?\_\_\_\_\_

19. Are you pregnant or trying to become pregnant? Y N

20. Are you nursing? Y N

21. Any menopause problems? Y N  
 Specify:\_\_\_\_\_

22. Are you undergoing any hormone replacement therapy? Y N  
 Specify:\_\_\_\_\_

23. What is your current shaving system? Wet shave    Electric

24. Do you experience irritation from shaving? Y N Ingrown hair? Y N

NOTES:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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G O O D F A C E

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution, The Goodface, and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_