

SKIN ASSESSMENT FORM

First Name _____

Last Name _____

Date _____

Performed by _____

PERIPHERAL VASCULAR SYSTEM & ITS DISORDERS

- Normal
- Erythrosis (Permanent redness) _____
- Couperose (diffuse redness) _____
- Cyanosis (dark blue) _____
- Rhinophyma (bulbous nose) _____
- Erythema (Intermittent redness) _____
- Telangiectasia (distended capillaries) _____
- Angioma (naevus vascularis) _____
- Spider Angioma _____
- Telanietatic wart _____

LIPID SYSTEM AND ITS DISORDERS

- Normal secretions: Region(s) _____
- Excess secretions: Region(s) _____
- Very little secretion: Region(s) _____
- Seborrheic (oily) _____
- Asphyxiated _____

ACNE

- Many comedones _____
- Macula - Region(s) _____
- Nodules - Region(s) _____
- Pustule - Region(s) _____
- Papule-pustules – Region(s) _____
- Vesicula – Region(s) _____

ERUPTION PATTERN

- Few Many Intermittent Permanent

Acne Grade

Grade 1: _____

Grade 2: _____

Grade 3: _____

Grade 4: _____

Medically treated? Yes No

FATTY INCLUSIONS

- None
- Micro sebaceous cyst
- Mila
- Open comedones
- Closed comedones
- Escar (scabies)
- Sebrrheic hyperplasia
- Xanthoma

SKIN HYDRATION

- Normal hydration
- Superficial dehydration
- Deep hydration
- Ridules - Regions _____
- Winkles - Regions _____
- Furrows - Regions _____

SKIN SENSITIVITY

- Normal
- Burning sensation
- Reactive
- Pruritus (itching)
- Hyper-reactive
- To Pressure
- Intolerant to _____

KERATINIZATION

- Normal
- Squama
- Hyperkeratinization
- Furfur (flaky scales)
- Hypokeratinization
- Pityriasis simplex
- Eczema
- Psoriasis
- Ichthyosis
- Keratosis senilis

GRAIN OF SKIN SKIN TEXTURE

- Vert fine
- Smooth
- Slightly visible ostium
- Rough
- Obvious visible ostium
- Granular
- Enlarged ostium

SKIN TONE

- Firm Mid lack of tone Severe lack of tone

COMPLEXION & PIGMENTATION DISORDERS

- | | |
|---|--|
| <input type="checkbox"/> Milky | <input type="checkbox"/> Melanocytic nevus (birthmark) |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Senile lentigo |
| <input type="checkbox"/> Reddish | <input type="checkbox"/> Dark circles (eyes) |
| <input type="checkbox"/> Pinkish | <input type="checkbox"/> Chloasma |
| <input type="checkbox"/> Slightly amber | <input type="checkbox"/> Macula solaris, freckles |
| <input type="checkbox"/> Yellowish | <input type="checkbox"/> Vitiligo |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Olive | <input type="checkbox"/> Other _____ |

SKIN DISORDERS

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Phlycena (blister) |
| <input type="checkbox"/> Chapping | <input type="checkbox"/> Excoriation |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Carbuncle (larger area of inflammation) |
| <input type="checkbox"/> Scars | <input type="checkbox"/> Escar (scabies) |
| <input type="checkbox"/> Nodules | <input type="checkbox"/> Stretch marks |
| <input type="checkbox"/> Furuncle (boil) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cheloids | |

SKIN GROWTHS

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Pigmented hair |
| <input type="checkbox"/> Nevus epidermal | <input type="checkbox"/> Molluscum pendulum (tag) |
| <input type="checkbox"/> Melanocytic nevus (birthmark) | |

FITZPATRICK CLASSIFICATION

- | | |
|---|---|
| <input type="checkbox"/> Type I - White | - Always burns easily, never tans |
| <input type="checkbox"/> Type II - White | - Burns easily, tans slightly |
| <input type="checkbox"/> Type III - White | - Sometimes burns, then tans gradually and moderately |
| <input type="checkbox"/> Type IV - Modest Brown | - Burns minimally, always tans well |
| <input type="checkbox"/> Type V - Dark Brown | - Burns rarely, tans deeply |
| <input type="checkbox"/> Type VI - Black | - Almost never burns, deeply pigmented |

Treatment Record For _____

<p>Date _____ Esthetician _____</p> <p>Today's Treatment _____</p> <p>Cleanser _____</p> <p>Toner _____</p> <p>Exfoliation _____ Time _____</p> <p>Extraction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Steam? <input type="checkbox"/> Yes <input type="checkbox"/> No How long _____</p> <p>High Frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Galvanic <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ampoule? <input type="checkbox"/> Yes <input type="checkbox"/> No What _____</p> <p>Masque? What _____ Time _____</p> <p>Moisturizer What _____</p> <p>Sunscreen _____ SPF _____</p> <p>Other services and comments:</p>	<p>Date _____ Esthetician _____</p> <p>Today's Treatment _____</p> <p>Cleanser _____</p> <p>Toner _____</p> <p>Exfoliation _____ Time _____</p> <p>Extraction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Steam? <input type="checkbox"/> Yes <input type="checkbox"/> No How long _____</p> <p>High Frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Galvanic <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ampoule? <input type="checkbox"/> Yes <input type="checkbox"/> No What _____</p> <p>Masque? What _____ Time _____</p> <p>Moisturizer What _____</p> <p>Sunscreen _____ SPF _____</p> <p>Other services and comments:</p>
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