

Skin Care History



Name _____

Skin Type: _____

Problems:

- Breakouts
- Acne
- Couperose
- Pigmentation
- Wrinkles
- Photoaging Skin

Special Concerns: _____

Skin Care Routines: _____

Client uses the following:

- Body scrub
- Body soap
- Facial scrub
- Facial soap
- Body lotion or cream
- Cleansing cream or lotion
- Hand cream
- Eye cream
- Skin freshener
- Eye make-up remover
- Neck Cream
- Exfoliant
- Mask
- Night cream
- Day cream
- Sunscreen sun protection factor: _____
- Other: _____

Skin Care Products/Product Line Used: _____

Specific Products: _____

Makeup Products Used: _____

Analysis: _____

Conditions: _____

Notes: _____

Home Care Recommendations: _____

Signature _____ Date _____