



CLIENT SKIN ANALYSIS

Just like the ever-changing cycles of the seasons, your skin's condition can shift and change over time. To assist me in my Client Skin Analysis, please fill out the following questionnaire as accurately as you can, providing additional information wherever indicated.

Your participation in this Personal Skin Analysis Questionnaire will further help me to fine-tune both your skincare treatments and recommended product usage even more specifically to your current needs. Upon completion of the questionnaire, you can either print it out and bring it in for your next studio appointment or email it in via my website (just hit the "Send" tab at the end of the form below).

I look forward to working with you and providing you with the most optimum approach to beauty, skincare and age management.

TERRI LAWTON – Skincare & Age Management PERSONAL SKIN ANALYSIS QUESTIONNAIRE

1. **Name:** _____

2. **Age:** _____ **Male** _____ **Female** _____

3. **How would you classify your skin type?**

Normal _____ Dry _____ Other _____
Normal-to-Dry _____ Oily _____
Normal-to-Oily _____ Combination _____

4. **Have you recently seen a change in your skin?** Yes _____ No _____

If yes, please explain: _____

5. **(*Female Clients) Are your monthly periods regular?** Yes _____ No _____

Do you have breast sensitivity? Yes _____ No _____

6. Do you have skin pigmentation issues? (i.e.: skin discoloration, light and dark patches) Yes____ No____

If yes, when did the pigmentation onset? _____

If yes, how old were you? _____

If yes, did your pigmentation issues coincide with any of the following?

- Extreme sun exposure
- Pregnancy
- Use of birth control pills
- Use of antibiotics or other medications
- Other _____

Has your pigmentation recently changed? Yes ____ No ____

If yes, when did you notice the change?

- Within the past (1-3) months
- Within the past (3-6) months
- Within the past year
- Other _____

7. Does your skin breakout? Yes____ No____

If yes, how often?

- Frequently (Weekly)
- About once a month
- Infrequently, (a few times per year)
- When I was younger
- Only recently

If yes, where do you breakout?

- Chin/jaw
- Forehead
- Cheeks
- Nose
- Neck/back
- Other _____

8. If you have breakouts, which of the following do you experience?

- Cysts (hard swollen lumps that don't extract)
- Whiteheads
- Blackheads
- Red rash-like inflammation

9. Is your skin red and sensitive? Yes No

If yes, does the redness onset with foods or products? Yes No

Comments: _____

10. Have you ever been diagnosed with a specific skin condition? Yes No

If yes, please identify: Acne Rosacea Cysts Pigmentation

Other _____

11. Do you wash your face daily and use products? Yes No

If yes, how many times per day do you wash your face? Once Twice

Other _____

What products are you currently using on your skin?

12. Do you feel your skin is aging? Yes No

If yes, please describe:

13. Are there conditions and qualities that you would like to change regarding your skin? Yes ____ No ____

If yes, what would you like to change? (Please be as specific as possible)
