

Date of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ Skin Therapist Name: \_\_\_\_\_

Skin Type: \_\_\_\_\_

Skin Conditions treated this visit: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Product used in Facial:**

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

Exfoliant: \_\_\_\_\_ Serum: \_\_\_\_\_

Mask: \_\_\_\_\_ Moisturizer: \_\_\_\_\_

SPF: \_\_\_\_\_ EyeCream: \_\_\_\_\_

Electrical Machines used: \_\_\_\_\_

**Homecare Advice & why:**

_____	_____
_____	_____
_____	_____

SCNC 2018  
Skin Analysis and Treatment Record

SKIN ANALYSIS DIAGNOSTIC SHEET  
ESTHETICIAN/SKIN THERAPIST \_\_\_\_\_

CLIENT \_\_\_\_\_

Analyze your client's skin and record any findings in detail in the spaces to the right below

<p><b>TEXTURE</b> Fine (soft &amp; smooth) Medium (slightly rough, and grainy) Course (Bumpy, thick)</p>	
<p><b>OSTIA</b> Not visible, small, medium, large.</p>	
<p><b>SECRETION</b> Normal (Ideal, not shiny or matte) Active (some shine, small to medium ostia) Over active (shiny, greasy to the touch)</p>	
<p><b>CIRCULATION/CAPILLARY ACTIVITY</b> Erythema, couperose, telangiectasia, rosacea</p>	
<p><b>PIGMENTATION HYPER/HYPO</b> Macule, lentigenes, chloasma, melasma, nevi, scar</p>	
<p><b>SUPERFICIAL DEHYDRATION</b> Epidermal water content of the skin</p>	
<p><b>SEBACEOUS DISORDERS</b> Pustules, papules, milia, comedones, cysts</p>	
<p><b>DEEP DEHYDRATION</b> Tone (elasticity) Collagen (deep lines)</p>	
<p><b>ASPHYXIATED/CONGESTION</b> Skin lacking in oxygen, yellow or grayish Pallor (deficient of color)</p>	
<p><b>SKIN TYPE</b></p>	
<p><b>TREATMENT OBJECTIVE</b></p>	