**Text, letter

Description automatically generated**

**Walk In Skin Analysis**

Click or tap to enter a date.

PSLC Employee:

Full Name:       Age:       Gender:

Address:       City:       Zip:       Phone:       Email:

**First a Few Important Questions . . .**

Ethnic Bkgrnd:       Basic Skin Type:

Are you pregnant? Are you nursing? Do you smoke?

Do you consider yourself to have sensitive skin?

If so what, what are you allergic to or what seems to aggravates your skin?

Are you concerned about any moles or skin lesions?

How much time do you spend in the sun?       Do you burn?:

Do you wear sunscreen?: \_\_\_\_\_DAILY \_\_\_\_\_ONLY WHEN SPENDING TIME IN THE SUN \_\_\_\_\_RARELY TO NEVER

Have you ever used?:

Retin A  Renova  Retinol  Topical Vitamin A  Topical Vitamin C

AHA’s (Glycolic, Lactic, Citric, Malic, or Tartaric acids)  BHA(salicylic acid)

**Now Then . . .**

Explain the main concerns you have with your skin:

Potential Problems . . . Check All That Apply:

Fine Lines/Wrinkles  Active Acne  Scaling or Flaking Skin  Unwanted Hair

Large Pores  Cystic Acne  Thinning Skin  Leg Veins

Sun Damage/Uneven Tone  Blackheads  Red or Flushed Skin  Scar(s)

Broken Capillaries  Whiteheads  Sagging Skin  Double Chin

Dark Circles - Eyes  Acne Scars  Eczema/Psoriasis  Unwanted Tattoo

Describe your current skin care regiment:

Which of the following products are of interest to you? Check all that apply.

Cleanser  Sunscreen  Skin Lighteners  Self Tanner

Scrub  Mask  Wrinkle Products  Cosmetics

Toner  Eye Cream  Lip Care  Stretch Mark Cream

Moisturizer  Acne Products  Body Products  Scar Cream

How Did You Hear About Us?