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**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?