

# SKINCEUTICALS DIAGNOSTIC WORKSHEET

NAME: \_\_\_\_\_ SKINCEUTICALS ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE:  <20     20-25     26-35     36-45     46-55     56-65     >65

## YOUR PROFESSIONAL SKIN DIAGNOSTIC

### HEALTH AND LIFESTYLE

- Do you smoke?  Yes  No
- Do you spend time outdoors in the sun?  Yes  No
- Do you live in an urban area exposed to pollution?  Yes  No
- Do you exercise regularly?  Yes  No
- Do you follow a healthy diet?  Yes  No
- Do you sleep regularly?  Yes  No

### SKINCARE AND PROCEDURE HISTORY

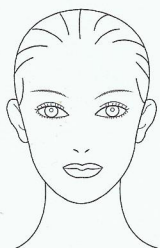
- What skincare products are you currently using?  
 Cleanser/toner     Antioxidant     Moisturizer     Masque  
 Exfoliating agents     Retinol     Eye products     Sunscreen     Others \_\_\_\_\_
- Please describe your daily skincare routine:  
 AM Routine: \_\_\_\_\_ PM Routine: \_\_\_\_\_
- In the past year, have you consulted with a physician for any skin or aging concerns?  Yes  No
- In the past, have you had any chemical peels, laser procedures, phototherapy, microdermabrasion, injections, or other aesthetic procedures?  Yes  No
- Do you use Tretinoin, Hydroquinone, Benzoyl Peroxide, or any topical pharmaceuticals?  Yes  No
- Have you used oral isotretinoin in the past 6 months?  Yes  No
- Have you ever experienced the following on your skin?  
 Flakiness     Tightness     Dryness     Oiliness     Acne or breakouts  
 Redness     Skin dullness     Skin laxity     Fine lines and wrinkles     Hyperpigmentation
- Do you use an antioxidant daily?  Yes  No
- Do you wear sunscreen daily?  Yes  No
- If yes, what level of SPF protection do you use? On your face and neck: \_\_\_\_\_ On your body: \_\_\_\_\_

### EXPECTATIONS AND GOALS

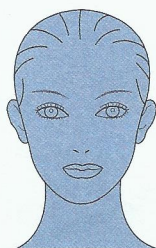
- What are your top 3 skincare concerns? \_\_\_\_\_
- What are your specific skincare goals? \_\_\_\_\_

If using the SkinScope LED, please circle and note the diagnostic observations in Daylight and LED-UV mode below:

- Pigmentation
- Flushing/blotchy skin
- Visible oiliness
- Visible dryness
- Wrinkles/fine lines
- Papules/pustules



DAYLIGHT



LED-UV

- Pale Blue: Normal and healthy skin
- White: Dead skin cells
- Dark Blue: Thinner, dehydrated skin
- Brown: Pigmentation and dark spots
- Yellow: Oily areas of the face\*
- Dark Pink or Orange: Congested pores and comedones\*

NOTES: \_\_\_\_\_

\*Yellow, orange, or dark pink will often show as small dots (or pinpricks of light) on the face