

# GODDESS AESTHETIC

## SKIN EVALUATION FORM

What concerns you most about your skin Aging:

Sun damage	Wrinkles
Fine lines	Thin skin
Sagging skin	Dehydration
Dry skin	Flaky skin
Tight skin	Rough texture
Sensitivity	Redness
Rashes	Reactive skin
Itchiness	Breakouts
Oily T-Zone	Oily skin
Enlarged pores	Occasional breakouts
Severe breakouts	Uneven texture
Scarring	Pigmentation
Dark pigmented marks	Light pigmented marks
Dark circles in the eye area	

Are there any other skin care concerns you would like to address?

If yes, please explain: \_\_\_\_\_

What is your current skincare routine?

\_\_\_\_\_

LIST THE BRAND(S) AND SPECIFIC PRODUCTS BEING USED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Only Soap and water: \_\_\_\_\_

Pre-cleanser Cleanser Exfoliator: \_\_\_\_\_

Toner serum/antioxidant Eye product Moisturizer: \_\_\_\_\_

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

Sunscreen (face & neck) Sunscreen (body): \_\_\_\_\_

Other: \_\_\_\_\_

ESTHETICIAN SIGNATURE / DATE

CLIENT SIGNATURE / DATE