

Skin Assessment Form

Patient information

Name:

Date of birth:

Gender:

Contact number:

Email:

Date of assessment:

Assessment conducted by:

Medical history

Any known skin conditions or allergies? Please specify:

Current medications or treatments (include dosage and start date):

Lifestyle and habits

Occupation:

Sun exposure habits:

Smoking and alcohol consumption:

Sleep patterns:

Skin concerns

Primary skin concerns or symptoms:

How long have these symptoms been present?

How severe are these symptoms?

List any treatments or medications that have been taken to address these concerns:

Skin type and characteristics

Skin type:

Skin tone:

Skin texture:

Other:

Current skincare

List all skincare products currently used (e.g. cleanser, toner, moisturizer):

Sunscreen:

Additional products, treatments, and skincare routines:

Additional notes and comments

Recommendations:

Note any treatments or procedures completed today or scheduled:

Other notes: