

# The Aesthetic Laser Center- Skin Analysis Form

What is your skin type? (check all that apply)

- oily
- dry
- oily to normal
- combination
- normal
- problem / blemished
- normal to dry sensitive

How would you describe your skin? (check all that apply)

- very fair / burns easily / never tans
- light / will tan, but usually burns
- olive color / sometimes burns
- olive color / very rarely burns
- dark olive or light brown / very rarely burns / dark brown / burn-resistant

How would you describe your facial lines:

- fine
- medium
- deep

What is the location of the undesired facial lines:

- around eyes
- between brows on forehead naso-labial
- around mouth chin

Are you bothered by sagging skin? Please identify the location(s) below:

- above the eyes
- under the eyes
- near jaw line
- under the chin

Please identify which of the following skin problems affect you:

- hyper pigmentation (irregular darkening of skin)
- sun damage
- enlarged pores

Rosacea:

- broken capillaries
- spider veins
- scars

Acne: is it still active?

- yes  no

For women:

Are you pregnant?

- yes  no

Are you lactating?

- yes  no

For Men:

Do you get irritation from shaving?

- yes  no

Do you get ingrown hairs?

- yes  no