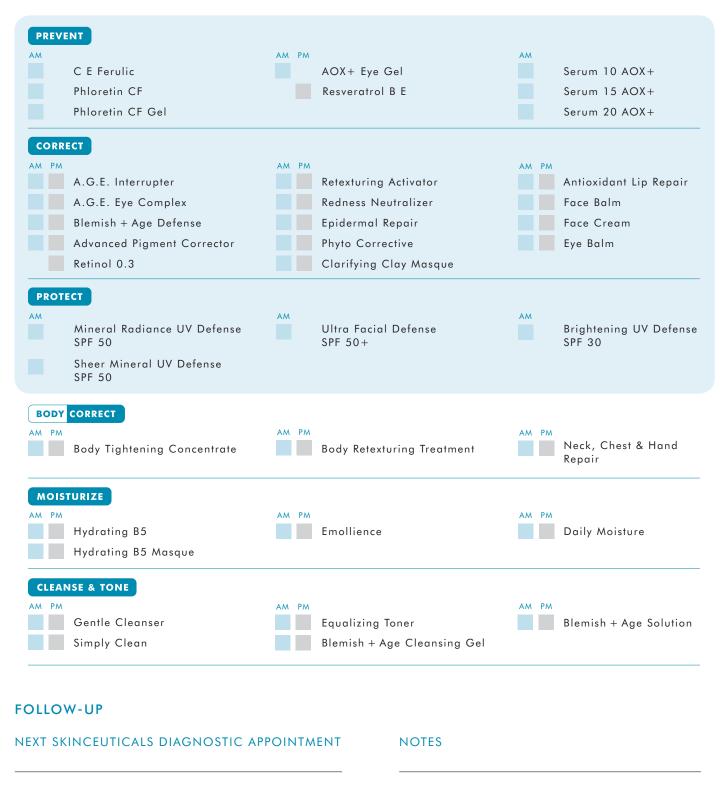
SKINCEUTICALS DIAGNOSTIC WORKSHEET

NAME:		SKINCEUTICALS ADVISOR:				DATE:		
AG	E: 20	20-25	26-35	36-45	46-55	56-65	>65	
YC	UR PROFESSI	ONAL SKIN D	IAGNOSTIC					
HE	ALTH AND LIFE	STYLE						
1.	Do you smoke?					Yes	No	
2.	Do you spend tir	me outdoors in the	sun?			Yes	No	
3.	Do you live in ar	n urban area expos	sed to pollution	Ś		Yes	No	
4.	Do you exercise	regularly?				Yes	No	
5.	Do you follow a	healthy diet?				Yes	No	
6.	Do you sleep reg	gularly?				Yes	No	
SKI	NCARE AND PR	OCEDURE HIST	ORY					
1.	What skincare p	roducts are you cu	rrently using?					
	Cleanser/ton	er 🗌 Antioxidan	t Moistu	rizer 🗌 Masq	ue			
	Exfoliating agents	Retinol	Eye pro	oducts 🗌 Sunsc	creen Ot	hers		
2.	Please describe	your daily skincare	routine:					
	AM Routine:			PM Routi	ne:			
3.	In the past year,	have you consulte	d with a physici	an for any skin or	aging concerns?	Yes	No	
4.	In the past, have you had any chemical peels, laser procedures, phototherapy, microdermabrasion, injections, or other aesthetic procedures?						No	
5.	Do you use Treti	noin, Hydroquinon	e, Benzoyl Pero	xide, or any topica	I pharmaceutical	s? Yes	No	
6.	Have you used a	oral isotretinoin in	the past 6 mont	hs?		Yes	🗌 No	
7.	Have you ever ex	xperienced the foll	owing on your s	kin?				
	Flakiness Tightness Dryness Oiliness					Acne o	Acne or breakouts	
	Redness Skin dullness Skin laxity Fine lines and					Hyperp	igmentation	
8.	Do you use an a	ntioxidant daily?			wrinkles	Yes	No	
9.	Do you wear sun	iscreen daily?				Yes	 ∏ No	
10.	If yes, what level	of SPF protection	do you use? O	n your face and ne	eck: On yo			
EXI	PECTATIONS AN	ID GOALS						
1.		op 3 skincare conc	erns?					
2.		' pecific skincare go						
	, .	ç						
	f using the SkinSc	cope LED, please c	ircle and note t	he diagnostic obse	ervations in Daylig	ght and LED-UV mo	de below:	
l	Pigmentation 🗌 Pale Blue: 1					ue: Normal and he	althy skin	
I	-lushing/blotchy s	g/blotchy skin 🗍 White: Dec						
١	/isible oiliness	ness 🖉 🐨 🖉 🔲 Dark Blue: "				lue: Thinner, dehyd	rated skin	
١	/isible dryness					Pigmentation and		
N	Wrinkles/fine lines				_	: Oily areas of the f	·	
	Papules/pustules					ink or Orange: Co		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAYLIGH	IT	LED-UV		and comedones*		
	NOTES:					nge, or dark pink will of ts (or pinpricks of light)		



RECOMMENDED TREATMENT PLAN

PHYSICIAN REFERRAL FOR PROCEDURES