



TELL US ABOUT YOUR SKIN

Detailed skin analysis

Created by dermatologists and plastic surgeons



PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SPECIALIST PRIOR TO YOUR CONSULTATION

Thank you for completing this questionnaire. This will assist your specialist - following the consultation and examination - to provide an accurate diagnosis, establishing which active ingredients your skin requires.

We are all aware of the smallest details regarding our skin. Tell us about yours. Together we will interpret the information to find your own personal formula.

Your bespoke skin care product will be formulated for you, right in front of you.

Please feel free to request a copy of this questionnaire, and of your skin diagnosis.

I. PERSONAL DETAILS

Date _____

First name / Surname _____

Date of birth _____

Address _____

Telephone number / mobile telephone number

Email address _____

Male Female

II. MY SKIN TYPE & FITZPATRICK SCALE

- 1/ Eye colour _____ 2/ Hair colour _____
- 3/ Skin type I II III IV V VI 4/ I am fair skinned YES NO
- 5/ How easily do I tan ?
- NEVER WITH DIFFICULTY PROGRESSIVELY
- WELL EASILY
- 6/ Without sun protection, my skin burns
- ALWAYS FREQUENTLY OCCASIONALLY
- INFREQUENTLY RARELY NEVER

III. MY MEDICAL HISTORY

Please respond to the following with a YES, NO or I DON'T KNOW (IDK)

- 1/ I am pregnant YES NO
- 2/ I have previously been treated for skin cancer or pre-cancerous lesions. YES NO IDK
- 3/ I have / have had eczema YES NO IDK
- 4/ I have / have had asthma YES NO IDK
- 5/ I have / have had hay fever YES NO IDK
- 6/ I have / have had food allergies YES NO IDK
- 7/ I suffer from cold sores YES NO IDK
- 8/ I have / have had rosacea YES NO IDK
- 9/ I have / have had acne rosacea YES NO IDK
- 10/ I have / have had psoriasis YES NO IDK
- 11/ I have / have had severe acne treated with Isotretinoin YES NO
- 12/ My skin takes time to heal, an open wound takes time to heal YES NO
- 13/ My skin takes time to heal, if I have a burn, a scratch, or an acne spot it will take time to disappear and it will leave a mark which takes time to disappear. YES NO
- 14/ Please detail any other conditions _____
- 15/ I take daily medication. YES NO IDK
Please provide details _____
- 16/ I am on hormone therapy YES NO IDK
If so please specify _____
- 17/ I am using hormonal contraception such as the cap or coil. YES NO
- 18/ I am allergic to certain medication YES NO
If so, please specify _____
- 19/ I am allergic (sensitive?) to the sun YES NO
- 20/ I use sun beds YES NO
- 21/ I am currently tanned YES NO

IV. MY DAILY SKIN CARE REGIME

- 1/ I always use sunscreen for at least 6 months of the year YES NO
- 2/ Please provide detail of your daily skin care regime including whether make up is used and removed. Please state which brands you use, if possible
- _____
- _____

Please note : in order not to omit vital information please list your daily ritual upon waking from washing to applying make-up...

V. SELF ANALYSIS OF MY SKIN DISFUNCTIONS

Skin can suffer from 8 types of problems or dysfunctions which can be associated with one another or appear independently.

These 8 problems are represented by 8 colors below.

In each of the sections below :

- Please answer the questions as YES or NO
- Rate yourself for the severity of the problem from 0 to 3 using these guidelines :

0 = No problem

1 = Slight problem

2 = I have an existing and embarrassing problem

3 = I have a severe and very embarrassing problem

0 1 2 3

YELLOW = OXIDATIVE STRESS

Stressed skin is oxidized. Oxidisation speeds up the ageing process.

- 1/ I smoke YES NO
- 2/ I drink more than 2 units of alcohol per day YES NO
- 3/ I regularly expose my skin to sun without protection YES NO
- 4/ I feel overworked and stressed (under pressure) YES NO
- 5/ I often go to bed late YES NO
- 6/ I exercise regularly (over 5 hrs per week) YES NO
- 7/ I would rate my oxidative stress as : 0 1 2 3

PINK = LOSS OF VOLUME AND LOOSENING OF THE SKIN

- 1/ MY FOREHEAD
- I have two lines when I raise my eyebrows YES NO
 - I have more than two lines when I raise my eyebrows YES NO
 - I have a lined brow without raising my eyebrows YES NO
- 2/ MY EYES
- I have one or two wrinkles when I smile YES NO
 - I have more than two wrinkles when I smile YES NO
 - I have wrinkles even when I am not smiling YES NO
- 3/ MY NECK
- My neck is firm and not sagging YES NO
 - My neck is slightly saggy YES NO
 - My neck is very saggy YES NO
- 4/ I would rate the loss of volume and sagginess of my skin as : 0 1 2 3

RED = INFLAMED SKIN (REDNESS)

- 1/ My skin is susceptible to redness, often tingles and feels hot YES NO
- 2/ I have some redness on my face YES NO
- 3/ I have sensitive skin. I do not react well to creams. I often suffer adverse reactions YES NO
- 4/ I would rate the inflammatory state of my skin as : 0 1 2 3

BLUE = DRY SKIN (PROBLEMS WITH THE SKIN BARRIER)

- 1/ Without cream my skin feels dry; when I do not use cream I feel tightness in my skin YES NO
- 2/ I have dry skin, but using cream once a day is sufficient YES NO
- 3/ I have very dry skin, I need to use cream morning and night YES NO
- 4/ I only suffer from dry skin in winter YES NO
- 5/ I would rate the dryness of the skin on my face as : 0 1 2 3

GREY = SKIN KERITINISATION

- 1/ I can feel cysts under my skin, like spots YES NO
- 2/ I suffer from blackheads YES NO
- 3/ I feel a thickness or roughness to my skin YES NO
- 4/ I would rate the keritisation of my skin as : 0 1 2 3

ORANGE = OILY SKIN (HYPERSEBORRHEA)

- 1/ In the morning, upon waking my skin feels oily to the touch YES NO
- 2/ My skin is oily on waking but not after washing YES NO
- 3/ My skin is very oily and needs to be washed more than once during the day YES NO
- 4/ I only have oily skin in summer YES NO
- 5/ I would rate the oiliness of my skin as : 0 1 2 3

BROWN = SKIN PIGMENTATION

- 1/ I have pigmentation marks on my skin YES NO
- 2/ I have/ have had Melasma YES NO
- 3/ After a spot, a burn or a small cut my skin leaves a brown mark which remains for a long time after the burn, spot, wound has healed YES NO
- 4/ I do not get spots often, however when I do, they leave a brown mark for some time afterwards YES NO
- 5/ I would rate my level of skin pigmentation as : 0 1 2 3

GREEN = SKIN MICROBIOTA (SPOTS)

- 1/ I regularly suffer from acne (white heads and cystic spots) YES NO
- 2/ I would rate my skin microbiota as : 0 1 2 3

VI. MY MAIN / PRIMARY CONCERNS

- 1/ What is your main concern regarding your face ?
- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Wrinkles / loose skin | <input type="checkbox"/> Acne rosacea / rosacea | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Pigmentation / marks | <input type="checkbox"/> Dry skin | <input type="checkbox"/> Oily skin |
- 2/ What is your main concern with the skin around your eyes ?
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Swollen / bags | <input type="checkbox"/> Dark circles | <input type="checkbox"/> Wrinkles / loose skin |
|---|---------------------------------------|--|

Thank you for completing this questionnaire. Your specialist will now confirm your skin diagnosis.

Disclaimer : This diagnosis is given as part of an aesthetics consultation.
It does not constitute a medical dermatological diagnosis nor does it engage the responsibilities of your specialist.