



FACIAL ASSESSMENT (WOMEN)

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Date _____

Name _____

SKIN ANALYSIS 1 (Magnifying Lamp)

Skin Type Normal ☐ Dry ☐ Oily ☐ Combination ☐

Skin Texture Thin ☐ Medium ☐ Thick ☐

Moisture Level Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐



SKIN ANALYSIS 2 (Wood's Lamp)

Muscle Tone Good ☐ Fair ☐ Fallen ☐

Pigmentation Hyperpigmentation ☐ Hypopigmentation ☐
Birthmarks ☐ Some Freckling ☐ Heavy Freckling ☐

Lines Deep Wrinkles ☐ Superficial Lines ☐
Crow's Feet ☐ Expression Lines ☐

Skin Sensitivity Normal ☐ Hypersensitive ☐ Hyposensitive ☐

Broken Capillaries

Nose Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Cheek Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Chin Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Forehead Area Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐

Entire face Lowest ☐ Low ☐ Medium ☐ High ☐ Highest ☐