REPÊCHAGE®
BEAUTY FROM THE SEA®

SKIN ANALYSIS CHART

Your Name: ______________________ Date of Birth: ______________________

Your Address: ______________________ Occupation: ______________________

Home Phone: ______________________ Work Phone: ______________________

Cell Phone: ______________________ Email: ______________________

1. How do you wash your face? Soap ☐ Cleanser ☐
2. If soap, what brand? ______________________
3. If cleanser, what brand name? ______________________
4. Do you use a moisturizer? Yes ☐ No ☐
5. Do you use Glycolic Acid on a regular basis? Yes ☐ No ☐
6. Have you or are you currently using Retin A? Yes ☐ No ☐
   If yes please specify ______________________
7. Are you/ have you taken accutane? Yes ☐ No ☐
   If yes please specify ______________________
8. Are you presently taking any medication? Yes ☐ No ☐
   If yes, please specify ______________________
9. Do you ever have burning/itching on your skin? Yes ☐ No ☐
10. Are you allergic to anything? Yes ☐ No ☐
    If yes, please list ______________________
11. Do you experience redness/irritation often? Yes ☐ No ☐
12. Do you have heart trouble? Yes ☐ No ☐
13. Are you diabetic? Yes ☐ No ☐
14. Are you on a special diet? Yes ☐ No ☐
    If yes, please specify ______________________
15. Do you consume water daily? Yes ☐ No ☐
    If yes, how much? ______________________
16. Do you drink coffee, tea or soda daily? Yes ☐ No ☐
    Coffee ozs.___ Tea ozs.___ Soda ozs.___
17. Do you exercise? Yes ☐ No ☐
    If yes, how often? ______________________
18. Have you ever had a facial? Yes ☐ No ☐
    If yes, when was your last facial? ______________________
19. Do you give yourself a facial at home? Yes ☐ No ☐
    If yes, how often? ______________________
20. Please list cosmetics and skincare you are currently using:
    ____
    ____

Your signature: ______________________

1. **Skin Texture**
   Thin ☐ Thick ☐ Medium ☐
2. **Complexion color**
   Pale ☐ Pink ☐ Olive ☐ Sallow ☐
   Suntanned ☐ Other ☐
3. **Pigmentation**
   Even ☐ Uneven ☐ Birthmarks ☐
   Heavy Freckling ☐ Some Freckling ☐
4. **Muscle Tone**
   Good ☐ Fair ☐ Fallen ☐
5. **Facial Wrinkles**
   Deep Wrinkles ☐ Crow's Feet ☐
   Fine Lines Through-out Face ☐
6. **Broken Capillaries**
   Nose Area ☐ Cheek Area ☐
   Chin Area ☐ Nose ☐
   Forehead ☐
7. **Condition**
   Pimples ☐ Whiteheads ☐
   Flakiness ☐ Acne Scars ☐ Blackheads ☐
8. **Your Skin Type**
   Oily ☐ Combination ☐ Dry ☐
   Dehydrated ☐ Sensitive ☐
   Problem Acne ☐ Couperose ☐
   Mature ☐ Sun Damaged ☐
   Rosacea ☐

RECOMMENDATION	*AM*	*PM*	*RECOMMENDED FACIALS*
Cleanse			
Tone			
Hydrate			
Mask			
Night Cream			
Serums			
Eye Creams			