



Skin Evaluation & Ecosystem Selector

Client: _____

AGE QUADRANT

What is your age range?

- 12-18 (0)
- 18-25 (2)
- 25-35 (4)
- 35-45 (6)
- 45-55 (8)
- 55+ (10) -points*

ENVIRONMENT QUADRANT

How many hours of sun do you get in an average day?

- 0 to .5 hours - 0
- .5 to 1 hours - 1
- 1 - 2 hours - 2
- 2 - 3 hours - 3
- 4+ hours - 4

(yes = 1 point)

Do you live at an altitude of 1 mile or more above sea level?

Do you live in an arid environment?

Do you live in an urban environment?

Do you come into contact with chemicals or pollutants at your job?

Do you routinely swim in chlorinated water?

Do you have seasonal allergies?



DRYNESS QUADRANT

Please mark the areas of your face where you experience dryness:

(1 point each)

- Cheeks
- Forehead
- Chin
- Nose
- Jawline
- Around the eyes

(yes = 1 point)

Does your skin ever feel tight or like a mask?

Do you ever experience cracking, flaking, or ashy discoloration?

Do your fine lines become more apparent throughout the day?

Do you drink caffeinated or alcoholic beverages?



INFLAMMATION QUADRANT

Please mark the areas of your face where you experience redness, breakouts and disturbed skin: (Inflammation - 1 point each)

- Cheeks
- Forehead
- Chin
- Around the mouth
- Nose
- Jawline

(yes = 1 point)

Do you ever experience tingling, stinging, or heat when you use some skincare products?

Do you have acne breakouts at least once a month?

Does your face suddenly flush very red periodically?

Do you have any known allergies to pollen or foods?

- 1. Do you notice any changes in your skin from winter to summer besides getting a little darker or lighter from the sun?**
- 2. What are you current goals for your skin, and what would you like to achieve by working with us?**
- 3. What problems (if any) are you looking to address in your skincare routine?**
- 4. Are you currently using any skincare products? If so, please list which products you are using and how you feel they are working for your skin.**
- 5. Do you have any known allergies or sensitivities to common skincare ingredients? If so, which ones?**



6. Can we help you with any of the following common skin problems?

Check all that apply:

- Dark marks after acne breakouts
- Acne scarring
- Dark under eye puffiness
- Fine lines
- Hyperpigmentation from sun exposure
- Hyperpigmentation from hormonal changes
- Broken capillaries
- Milia
- Rough or bumpy texture to skin

7. Do you have any problems using essential oils in skincare?

8. What is your current morning skincare routine?

9. What is your current evening skincare routine?

10. How does your skin react to coconut oil?

- I don't know
- I break out or have increasing dryness when I use coconut oil on my skin
- I don't notice any problem when I use coconut oil on my face
- My skin loves coconut oil

11. Please select all statements that apply to describing your skin's oil production and hydration level.

- Oily all over
- Oily in the T Zone (Forehead + nose)
- Oily and shiny but still feels tight and dry
- I feel like most moisturizers are too rich for my skin and make the oiliness worse.
- My skin gets shiny part way through the day.
- My skin does not get shiny throughout the day



12. For acne: do you notice breakouts from any particular triggers? Check all that you feel apply:

- Stress
- Using unsuitable skincare products
- Certain foods
- Monthly hormonal cycle
- Not sure

13. For acne: how often do you break out?

- Once a month or less
- At least once a month
- A few times per month
- Often - a new breakout every few days
- Constantly - a new breakout almost daily

14. For acne: Please select the type of breakouts you get. Check all that apply:

- Blackheads
- Cysts (deep subsurface pimples that do not come to the surface)
- Pustules (painful, inflamed, red breakouts with fluid - a traditional pimple)
- Whiteheads/Non sore skin congestion
- Other

15. For acne: Where do your breakouts occur on the face? Check all that apply:

- Forehead
- Nose
- Cheeks
- Jawline
- Chin and around the mouth
- Chest and upper back
- Other



16. For skin allergies: Please describe what happens when you react to something. Check all that apply:

- Swelling
- Stinging, tingling or unpleasant sensation
- Redness
- Acne type breakout
- Patchy roughness
- It is immediate
- It is sometimes delayed

17. What kind of services have you gotten from other skin professionals so far and what were the results?

18. Is your skin currently irritated? Please describe the quality and duration of your skin disruption if so:

19. Do you currently use makeup on a routine basis? Please list the brands of products in your current routine if so:

20. Please select the statements that best describe your use of green beauty products.

- I am a newbie to green beauty
- I am a casual user of green beauty with a number of conventional items still in my routine.
- I would like to switch all of my products to green beauty
- I am fully committed to green beauty
- All my personal care products are currently naturally based.

21. Is there anything we have not asked, that you would like to share with us?