



Pastiche Method of Consultation & Skin Analysis

Clients full name

.....

Address

.....

Phone hm/ wk.....

email:.....

DOB:.....

Drs Name & ph

Date

Consultant.....

Referral

	Main meal of the day	Major illness.....	
	Meals per day	Surgery medical.....	
	Types of food	Surgery cosmetic.....	
	Fat free?.....	Implants.....	
	Food allergies	Asthma/medication	
	Is medication carried in case of exposure to allergy?.....	Eczema/medication	
	Fluid intake.....	Dermatitis/medication	
	Type of fluids.....	Psoriasis/medication	
	Weight control (does it fluctuate)	Arthritis/medication	
	Work/play lifestyle	Allergies/medication.....	
	Vitamin supplements	Blood pressure/medication	
	Smoker	Heart condition/medication	
	Sun Burn history.....	Digestion/medication	
	Constipation/medication.....	
	Sun bed history	Diabetes type & Medication	
	Tanning ability.....	Is medication carried for emergencies?.....	
	Menopausal?	
	Redhead Gene.....	Menstruation regular?.....	
	Superfluous hair problem?.....	
	Genetic History and country of origin.....	Endometriosis.....	
	Poly cystic ovaries	

How does the client feel about her skin & why are they here today

.....

Previous skin care used (5 year history).....

.....

Why did they stop using it?

What did they like or not like about it?

.....

Previous salon treatments (5 year history)

Were expectations met?

Any adverse effects?

.....

Skin Care Routine presently used (check product & application)

Cleanse

Tone

Moisturise

Night creams.....

Eye creams.....

Exfoliants

Masks

Sunscreens.....

Other

.....

.....



Have you indicated all red flags clearly?

SD202 Point of Reference Record & Summary of Readings

Client name..... Date.....

Hydration AverageLowest reading & location of Hydration...../.....

Lipid AverageLowest reading & location of Lipid...../.....Highest reading & location of Lipid...../.....

Photo-typeRisk factor for pigmentation High or /Low.....Average Melanin reading.....

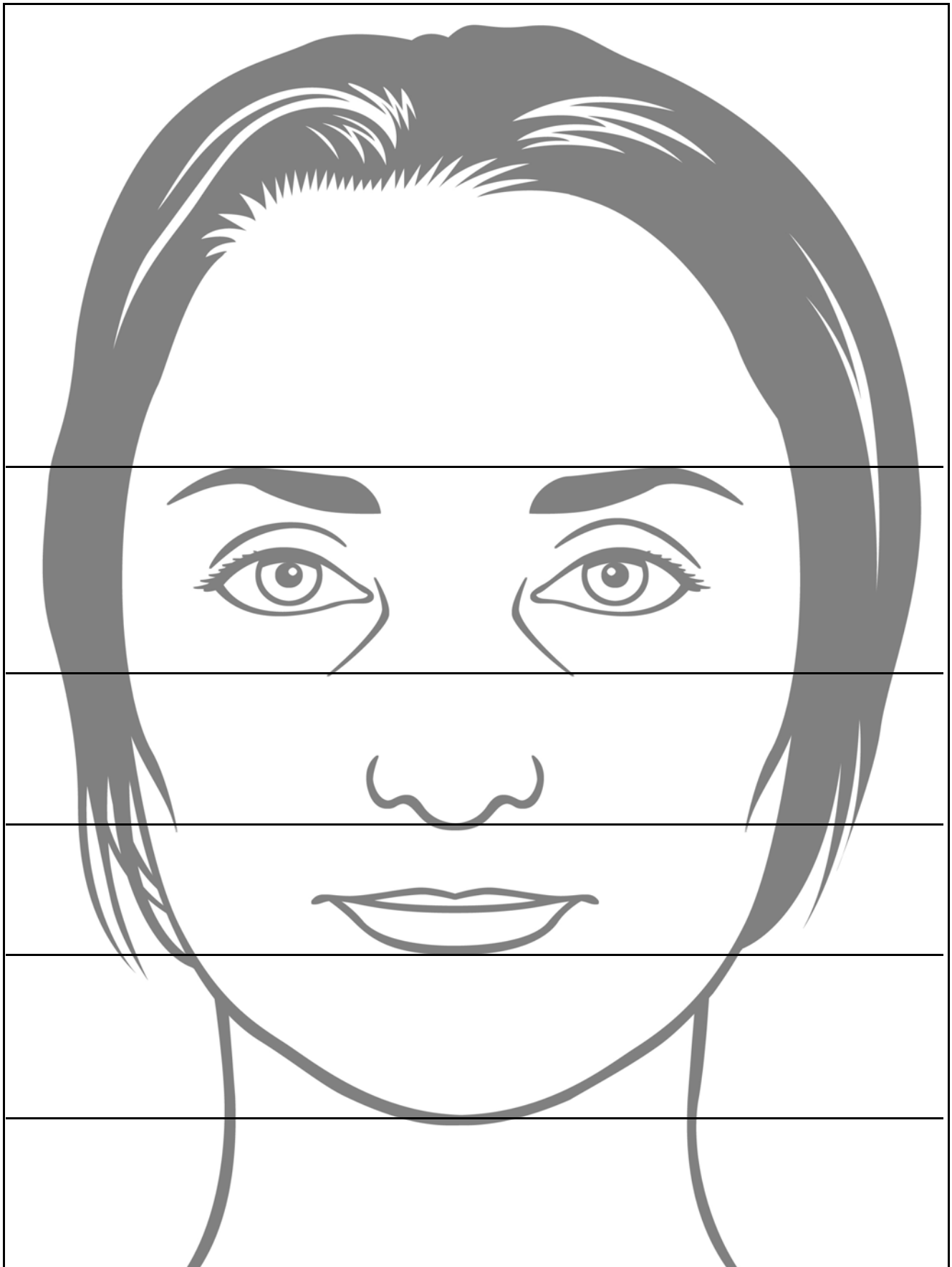
Erythema Reference number.....Highest Erythema number & location.....Average Erythema.....

Photo-type (1st press only)	Risk Factor	Average Melanin	Erythema	Hydration	Lipid
Z1. Wrist _____ Z2. Unexposed _____ Z3. Chin _____ Div by 3 Ave is = _____ Refer to Photo- scale	Z1. Drivers Forearm _____ Relate to Photo Scale	Z1. Forehead _____ Z2. Cheek _____ Z3. Chin _____ Z4. Cheek _____ Div by 4 ave is = _____	Ref. behind ear _____ Z1. Forehead _____ Z2. Cheek _____ Z3. Chin _____ Z4. Cheek _____ Div by 4 ave is = _____	Z1. Forehead _____ Z2. Cheek _____ Z3. Chin _____ Z4. Cheek _____ Div by 4 ave is = _____	Z1. Forehead _____ Z2. Cheek _____ Div by 2 Ave is = _____

Photo type 5/6	55 to 99	Risk Factors for Pigmentation	Melanin	58	99	Erythema	Hydration	99	99	Lipids				
↑	54	Extremely High	↑	54	94	High erythema & Vascular damage	Over Hydrated	99	99	Oily				
	52		52	92				98	98					
	50		50	90				96	96					
	48		45	88				94	94					
	45		42	85				92	92					
	42		40	82				90	90					
	40		35	80				88	88					
	37		34	75				86	86					
	36		33	74				84	84					
	35		32	73				82	82					
	34	32	72		78	78								
Type 4	33		30	71		76	76							
	32		29	64		74	74							
	31		28	63		72	72							
	30	Very Very High	↑	27	62	Diffused redness & Loss of Integrity & Strength	OR	70	70	Young Active				
	29		26	61				68	68					
	28		25	59				66	66					
	27		24	58				64	64					
	26		23	57				62	62					
	25		22	56				60	60					
	24		21	55				58	58					
	23		20	54				56	56					
Type 3	22			19	53				54		54			
	21			18	47				52		52			
	20	High	→	17	43	Minimal erythema	Balanced	50	50	Balanced				
	19		16	41				48	48					
	18		15	40				45	45					
	17		14	38				42	42					
	16		13	35				40	40					
	15		12	30				38	38					
	14		11	27				36	36					
	13		10	25				32	32					
	12		9	23				30	30					
Type 2	11			8	20				28		28			
	10	Moderately Low	↓	7	19	No erythema	Lack of free water	26	25	May be Congested or have cellular debris or EFAD.				
	9		6	10				22	22					
	8		5	5				20	20					
	7		4	4				18	15					
	6		3	3				15	10					
	5		2	2				10	5					
	4			3				5	3					
	3			2				0	0					
Type 1	2			2				0	0					

Use this face chart to note your observations and findings.

Note location and severity of pigmentation, Rosacea type conditions, congestion/acne, skin ageing conditions and any other anomalies like scars warts moles skin tags .
Try and grade degrees of severity 1-5.



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Skin Condition	Visual Indicators	Areas most commonly found	Primary & Secondary causes	Diagnostic equipment indicators	Effect on Cells & Systems	Cellular Damage
TEXTURE						
Structural integrity & strength of collagen fibril.	<ul style="list-style-type: none"> • Fine vertical lines. • Diffused redness. • Burgundy under • black light. 	Eyes:	<ol style="list-style-type: none"> 1.Oxidative Stress. 2.EFAD. 3.Collagenase enzymes. 4.Elastase enzymes. 5.Oestrogen deficiency 6.Age. 	Black light	<ul style="list-style-type: none"> • Flattening & loss of rete pegs. • Deterioration of the Papillary layer. • Fascia septa deterioration beginning. 	<ul style="list-style-type: none"> • Lipid Peroxidation of cell membranes. • Mitochondrial DNA damage to Fibroblast. • Mitochondrial ageing. • Cellular Senescence.
Thin skin density.	<ul style="list-style-type: none"> • High vascular readings over 70 • Scar tissue. 	Cheeks:		Photo		
Fascia Septa deterioration.	<ul style="list-style-type: none"> • Scar tissue. 	Upper lip:				
Adhesion & resiliency of elastin fibril.	<ul style="list-style-type: none"> • Horizontal lines. • Around eyes and radiating out from nasal labial fold • Folds and wrinkles around the mouth • Loss of adhesion around mouth and under chin • Stiff joints in knees 	Eyes: Nasal Labial Fold: Mouth: Neck:	<ol style="list-style-type: none"> 1.Oxidative Stress. 2.EFAD. 3.Collagenase enzymes. 4.Elastase enzymes. 5.Age. 6.Menopause 7.Hormonal. 	Photo	<ul style="list-style-type: none"> • Fascia septa deterioration at reticular level. • Loss of elastin fibril recoil due to desmosine denaturing. • Elastin fibril buildup in reticular layer. • Deterioration of the dermal epidermal junction • Fascia septa deterioration at subcutaneous level. • Lower production of GAGs 	<ul style="list-style-type: none"> • Lipid Peroxidation of cell membranes. • Mitochondrial DNA damage to Fibroblast. • Mitochondrial ageing. • Cellular Senescence.
Glycation.	<ul style="list-style-type: none"> • Small pillows • A linking of collagen & elastin fibrils. 	Eyes: Mouth:	<ol style="list-style-type: none"> 1.High GI Foods/Sugar. 2.Fat free/poor nutrition 3.Age. 4.EFAD 	Photo	<ul style="list-style-type: none"> • Collagen & elastin fibril adhesion. • Dermal enzyme decline (proteosomal decline) • Lower production of GAGS 	<ul style="list-style-type: none"> • Mitochondrial ageing. • Cellular Senescence.
Muscle tone.	<ul style="list-style-type: none"> • Corner of mouth 		<ol style="list-style-type: none"> 1.Genetic 2.Age. 		<ul style="list-style-type: none"> • Poor insertion of Platysma muscle. • Fascia septa deterioration at reticular/subcutaneous layer. 	<ul style="list-style-type: none"> • Mitochondrial ageing. • Cellular Senescence.
Hyper Keratinisation.	<ul style="list-style-type: none"> • Uneven surface appearance. • Scaly, dry skin. • Corneocytes reflect light. • Closed comedones. • Open comedones. 	Temple: Cheeks:	<ol style="list-style-type: none"> 1.Oxidative stress 2.EFAD. 3.Lack of free water. 4.Poor quality skin care. 5.Comedogenic substances. 6.Age. 7.Hormonal/teens 	Corneo-tape	<ul style="list-style-type: none"> • Poor dissolution of desmosomes. • Poor alignment of bilayers. • Poor quality spinosum layer. • Lower production of GAGs. 	<ul style="list-style-type: none"> • Lipid peroxidation of keratinocyte or sebocyte cell membrane. • Mitochondrial DNA damage to keratinocyte. And or sebocyte. • Cellular Senescence of keratinocyte.
Non Inflammatory Acne grade 1 & 2 Inflammatory Acne Grade 3.	<ul style="list-style-type: none"> • Single or multiple white lumps within the epidermis 	Cheek: Eyelid:	<ol style="list-style-type: none"> 1.Hyperkeratinisation 2.Oxidative Stress 3.Free Fatty Acids 4.Comedogenic substances 5.Party Drugs 6.Process Sugars 		<ul style="list-style-type: none"> • Poor dissolution of desmosomes • Poor alignment of bilayers. • Poor quality spinosum layer. • Sluggish sebaceous secretions. • Cellular debris within sebaceous duct. 	<ul style="list-style-type: none"> • Lipid peroxidation of keratinocyte. • Mitochondrial DNA damage to keratinocyte.

Skin Condition COLOUR	Visual indicators	Area most commonly found	Primary & Secondary causes	Diagnostic equipment indicators	Effect on Cells & Systems	Cellular Damage
Vascular damage.	<ul style="list-style-type: none"> Thin skin density. Diffused redness. Butterfly pattern. Obvious vascular damage in threadlike pattern, cheeks or nose wings. Burgundy under black light. 	<p>Cheeks:</p> <p>Chin:</p> <p>Nose:</p> <p>Eyes:</p>	<ol style="list-style-type: none"> Oxidative Stress. EFAD. Age. Genetic. Hormonal. Medication. Collagenase/elastase enzymes. Incorrect skin care protocols. 	<p>Erythema Readings</p> <p>Reference:</p> <p>Highest:</p> <p>Anomalies:</p> <p>Average:</p>	<ul style="list-style-type: none"> Flattening & loss of rete pegs. Deterioration of the Papillary layer. Fascia septa deterioration at reticular or subcutaneous levels. Elastin build up in reticular level. Overgrowth of capillary network. Deterioration of the dermal epidermal junction Lower production of GAGs. 	<ul style="list-style-type: none"> Lipid Peroxidation of cell membranes. Angiogenesis Mitochondrial ageing. Cellular Senescence.
Rosacea.	<ul style="list-style-type: none"> Hot heat welts Small watery vesicles Looks wet feels oily. No comedones. 	<p>Cheeks:</p> <p>Peri Oral:</p> <p>Chin:</p> <p>Nose:</p>	<ol style="list-style-type: none"> EFAD Age Hormonal Oxidative stress Immune systems Fast TEWL Medication Cosmetic history Medical history 	<p>Erythema Readings</p> <p>Highest:</p> <p>Reference:</p> <p>Anomalies:</p>	<ul style="list-style-type: none"> Flora of acid mantle compromised Overactive Innate immune system Langerhan cell dendrite shortened. Increased catecholamine levels. 	<ul style="list-style-type: none"> Lipid Peroxidation of cell membranes. Anti microbial peptides. Mitochondrial ageing. Cellular Senescence.
Pigmentation.	<ul style="list-style-type: none"> Solar lentiginos. Single or multiple lesions on face, neck & hands. Chloasma in butterfly pattern, forehead or zygomatic. 	<p>Outer halo of face & hairline:</p> <p>Butterfly:</p> <p>Forehead</p> <p>Décolleté:</p>	<ol style="list-style-type: none"> Oxidative Stress. EFAD. Age. Red Head Gene (MC1R) Ability to tan Hormonal. (MSH) Progesterone based meds 	<p>Melanin Readings</p> <p>Photo Type:</p> <p>Risk Factors:</p> <p>Anomalies:</p> <p>Average:</p>	<ul style="list-style-type: none"> MC1R oxidisation of pheomelanin. Melanin Stimulating Hormonal Cascade. (MSH) Shortening or lengthening of melanocyte dendrites. Loss of density of spinosum layer. Deterioration of the dermal epidermal junction. 	<ul style="list-style-type: none"> Lipid Peroxidation of melanocyte & keratinocyte cell membrane. Mitochondria DNA damage to melanocyte. Mitochondrial ageing. Cellular Senescence.
Loss of Pigmentation	Loss of pigmentation, in small single lesions or in larger mimic patterns.	<p>Hands:</p> <p>Décolleté:</p> <p>Legs/arms:</p> <p>Face:</p>	<ol style="list-style-type: none"> Oxidative Stress. EFAD. Age. Red Head Gene (MC1R) 	<p>Melanin Readings</p> <p>Anomalies:</p> <p>Average:</p>	<ul style="list-style-type: none"> MC1R oxidisation of pheomelanin Pituitary gland influence. of MSH. 	<ul style="list-style-type: none"> Lipid Peroxidation of melanocyte & keratinocyte cell membrane. Mitochondria DNA damage to melanocyte. Mitochondrial ageing Cellular Senescence

Skin Condition SECRETIONS	Visual Indicators	Areas most commonly found	Primary & Secondary causes	Diagnostic equipment indicators	Effect on Cells & Systems	Cellular Damage
Lipid Peroxidation. And EFAD are generally an aggravating factors in all skin conditions	<ul style="list-style-type: none"> Pigment colour type lesions called Lipofuscins. Yellow, sallow, tired. Unresponsive to treatment. Impaired Lymphatic system. 	<p>Cheeks:</p> <p>T Zone:</p> <p>Legs & Arms:</p>	<ol style="list-style-type: none"> EFAD. Oxidative stress Free radicals. Oxidative stress. Age. Collagenase/elastase enzymes. 	<p>Lipid Readings</p> <p>Lowest:</p> <p>Average:</p> <p>Highest:</p>	<ul style="list-style-type: none"> Impaired active & passive transfer of all cells. Build up of cellular waste in epidermal cells. Superficial Fascia Septa deterioration causing loss of support of circulatory & lymphatic capillaries. 	<ul style="list-style-type: none"> Glycation of cellular proteins. Mitochondria ageing. Cellular Senescence.
Impaired Acid Mantle	<ul style="list-style-type: none"> Hot, burning, itchy and very lipid dry. Inflammation Self inflicted 	<p>Cheeks:</p> <p>Arms:</p> <p>Legs:</p>	<ol style="list-style-type: none"> EFAD Oxidative stress Poor quality or wrong skin care protocols Age Eczema / Dermatitis Psoriasis 	<p>Lipid Readings</p> <p>Average:</p> <p>Black light:</p> <p>Sebutape:</p>	<ul style="list-style-type: none"> Poor dissolution of desmosomes. Poor alignment of blayers. Epidermic lipids aggregate Poor quality spinosum layer. Fast TEWL Impaired Enzyme activity. 	<ul style="list-style-type: none"> Lipid peroxidation of sebocyte and/or keratinocyte.
Acne Grades 4	<ul style="list-style-type: none"> Closed Comedones Open Comedones Porphyrius Inflammatory response . Pustules. Papules. Cysts. Scarring. 	<p>T Zone:</p> <p>Cheeks:</p> <p>Chin:</p> <p>Mandible:</p> <p>Décolleté:</p>	<ol style="list-style-type: none"> Hyper keratinisation/UVR Oxidative stress Free Fatty Acids EFAD Oily (majority rules) Comedogenic substances Incorrect skin care Processed sugars Antibiotics Party drugs Barbiturates Amphetamines 	<p>Black Light</p> <p>Porphyrius:</p> <p>T zone:</p> <p>Cheeks:</p> <p>Sebutape:</p>	<ul style="list-style-type: none"> Poor dissolution of desmosomes. Poor alignment of blayers. Poor quality spinosum layer. Sluggish sebaceous secretions. Cellular debris within sebaceous duct. Fascia Septa Deterioration Overgrowth of capillary network. Flattening & loss of rete pegs. Deterioration of the Papillary layer. Poor alignment of wound collagen 	<ul style="list-style-type: none"> Lipid Peroxidation of keratinocyte cell membranes. Lipid peroxidation of sebocyte cell membrane.
Hormonal Medicated Acne.	<ul style="list-style-type: none"> Macules Cysts Scarring Small watery vesicles Purple erythema/ staining No comedones 	<p>Peri Oral:</p> <p>Mandible:</p> <p>Chin:</p> <p>Neck:</p>	<ol style="list-style-type: none"> Hormones Androgen sensitivity Poly-cystic ovaries Endometriosis Testosterone/steroids EFAD. Oxidative stress 	<p>Black Light</p> <p>Porphyrius:</p> <p>Sebaceous flow:</p>	<ul style="list-style-type: none"> Flattening & loss of rete pegs Deterioration of the Papillary layer Fascia septa deterioration Flora of acid mantle compromised Overgrowth of capillary network Overactive Innate immune system Langerhan cell dendrite shortened. 	<ul style="list-style-type: none"> Lipid Peroxidation of cell membranes. Anti microbial peptides. Mitochondrial ageing. Cellular Senescence.
Impaired Enzyme activity.	<ul style="list-style-type: none"> Uneven stratum corneum Hyper keratinisation 	<p>Cheeks:</p> <p>T Zone:</p>	<ol style="list-style-type: none"> Poor fluid intake Fast TEWL EFAD Age/impaired lymphatic Impaired acid mantle Poor sebaceous secretions 	<p>Hydration Readings</p> <p>Average:</p>	<ul style="list-style-type: none"> Poor dissolution of desmosomes. Poor alignment of blayers. Epidermic lipids aggregate Poor quality spinosum layer. Poor quality GAAGS 	<ul style="list-style-type: none"> Impaired acid mantle