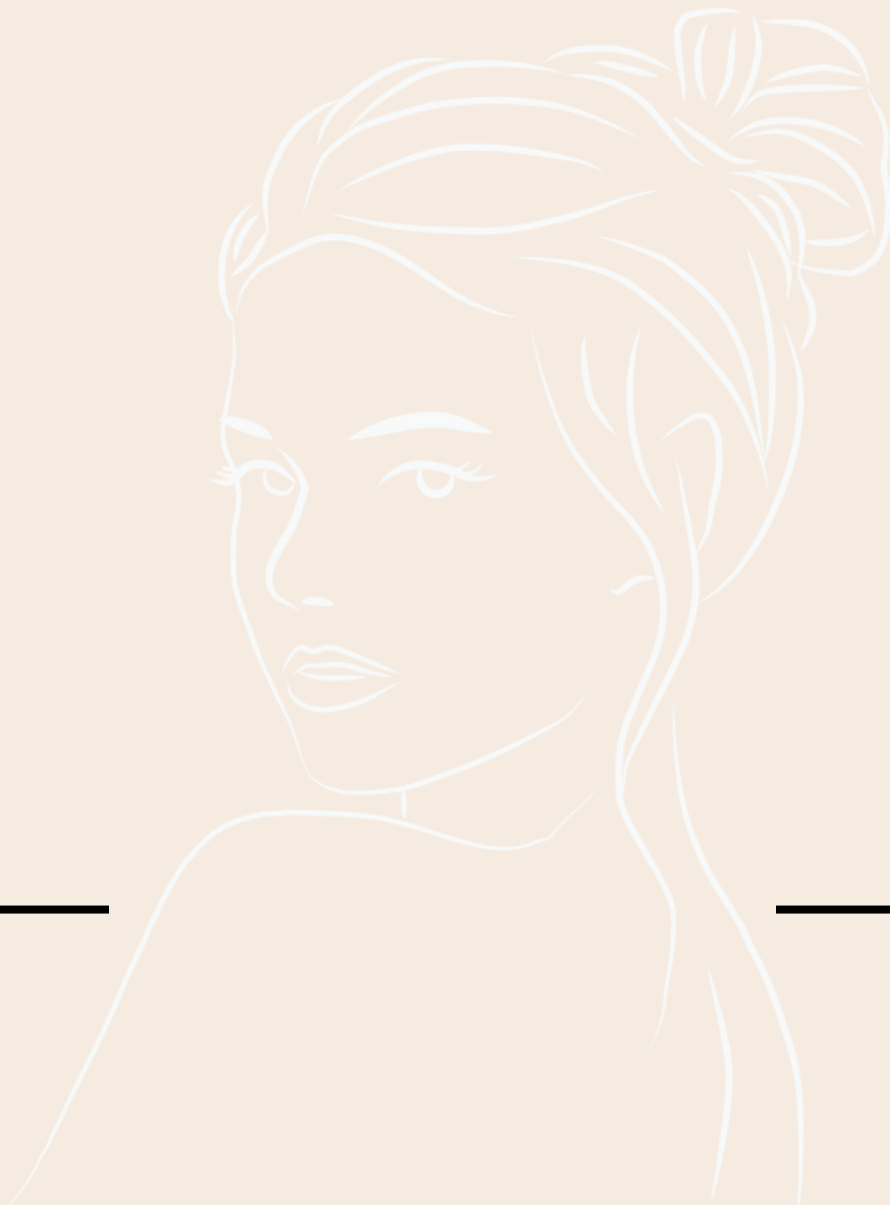


MY

SKIN CARE

PLANNER



SKIN PROFILE

MY SKIN TYPE

- NORMAL OILY
- COMBINATION SENSITIVE
- DRY ACNE PRONE

SKINCARE GOALS

- _____
- _____
- _____
- _____

SKIN CONDITION

INGREDIENTS TO AVOID

NEW PRODUCTS TO TRY

- _____
- _____
- _____
- _____

PRODUCTS TO KEEP USING

NOTES

DAILY SKIN CARE ROUTINE

MORNING

M	T	W	T	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENING

M	T	W	T	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKIN CARE ROUTINE

M

T

W

T

F

S

S

MORNING

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

EVENING

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

WEEKLY

TREATMENTS

Blank area for weekly notes.

Blank area for treatment notes.

WEEKLY SKIN CARE ROUTINE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

MONTHLY SKIN CARE ROUTINE

EVERYDAY

ONCE A WEEK

TWICE A WEEK

ONCE A MONTH

TWICE A MONTH

SKIN CARE GOALS

M

T

W

T

F

S

S

GOAL

WHY IT'S IMPORTANT

MEASURABLE OUTCOME

GOAL

WHY IT'S IMPORTANT

MEASURABLE OUTCOME

SKIN CARE GOALS

M

T

W

T

F

S

S

GOAL		ACTION		DONE	BY	<input checked="" type="checkbox"/>
GOAL		ACTION		DONE	BY	<input checked="" type="checkbox"/>
GOAL		ACTION		DONE	BY	<input checked="" type="checkbox"/>
GOAL		ACTION		DONE	BY	<input checked="" type="checkbox"/>
GOAL		ACTION		DONE	BY	<input checked="" type="checkbox"/>

SKIN CARE HABIT TRACKER

GOALS

Three horizontal light pink bars for writing goals.

HABIT

M	T	W	T	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eight horizontal lines for writing habits.

WHAT WORKED

WHAT DO I NEED TO IMPROVE

Large light pink box for notes on what worked.

Large light pink box for notes on what needs improvement.

SKIN CARE HABIT TRACKER

HABIT:

WHY IS THIS HABIT IMPORTANT TO ME?

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

HABIT:

WHY IS THIS HABIT IMPORTANT TO ME?

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

DAILY PLAN

M

T

W

T

F

S

S

GOALS

CHECKLIST

MEAL PLAN

BREAKFAST

LUNCH

DINNER

SNACKS

SLEEP

WATER



NOTES

PRIORITIES

- _____
- _____
- _____
- _____

WEEKLY SKIN REVIEW

DATE:

MONTH:

YEAR:

HOW WAS THE WEEK?

SKIN REVIEW

SMALL WINS

SKIN IMPROVEMENTS

WHAT CAN I IMPROVE

WHAT DIDN'T WORK

WHAT TO NOTE THIS WEEK:

MONTHLY SKIN CARE PLANNER

PRIORITIES

- _____
- _____
- _____
- _____
- _____
- _____
- _____

NOTES

30 DAYS OF SKIN CARE

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26


27

28

29

30

MY SKIN CARE

PRODUCT		BRAND
FACE WASH	<input type="checkbox"/>	<input type="text"/>
CLEANSER	<input type="checkbox"/>	<input type="text"/>
TONER	<input type="checkbox"/>	<input type="text"/>
MOISURISER	<input type="checkbox"/>	<input type="text"/>
SERUM	<input type="checkbox"/>	<input type="text"/>
LIP BALM	<input type="checkbox"/>	<input type="text"/>
EYE CREAM	<input type="checkbox"/>	<input type="text"/>
SUNCREAM	<input type="checkbox"/>	<input type="text"/>
FOUNDATION	<input type="checkbox"/>	<input type="text"/>
FACE MASK	<input type="checkbox"/>	<input type="text"/>
OTHER	<input type="checkbox"/>	<input type="text"/>

SKIN CARE WISH LIST

PRODUCT:

TYPE:

BRAND:

WHERE TO BUY:

PRICE:

NOTES:



PRODUCT:

TYPE:

BRAND:

WHERE TO BUY:

PRICE:

NOTES:



PRODUCT:

TYPE:

BRAND:

WHERE TO BUY:

PRICE:

NOTES:



PRODUCT:

TYPE:

BRAND:

WHERE TO BUY:

PRICE:

NOTES:



SKIN CARE WISH LIST

PRODUCT:

TYPE:

WHERE TO BUY:

BRAND:

PRICE:

REVIEWS:

PRODUCT:

TYPE:

WHERE TO BUY:

BRAND:

PRICE:

REVIEWS:

PRODUCT:

TYPE:

WHERE TO BUY:

BRAND:

PRICE:

REVIEWS:

SKIN CARE INVENTORY

PRODUCT:

EXPIRY DATE:

BRAND:

WOULD I BUY AGAIN?

Y N

PRICE:

NOTES AND REVIEW:



PRODUCT:

EXPIRY DATE:

BRAND:

WOULD I BUY AGAIN?

Y N

PRICE:

NOTES AND REVIEW:



PRODUCT:

EXPIRY DATE:

BRAND:

WOULD I BUY AGAIN?

Y N

PRICE:

NOTES AND REVIEW:



PRODUCT:

EXPIRY DATE:

BRAND:

WOULD I BUY AGAIN?

Y N

PRICE:

NOTES AND REVIEW:

