

## SKIN ANALYSIS QUESTIONNAIRE

Please answer the following questions so that we may understand your current skin condition and your specific skin concerns.

Name \_\_\_\_\_

Phone \_\_\_\_\_ age \_\_\_\_\_ birthdate \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Address \_\_\_\_\_

Are you currently using any topical retinoids (Retin A, Renova, tretinoin etc) or medications? Y/N

If yes, please list medication and how often you use it:

Medication \_\_\_\_\_ Usage \_\_\_\_\_

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Have you taken any ORAL Medications listed below within the last 12 months? Y/N

accutane     Roaccutane     claravus     amnesteen     sotret

Have you had any of the following?

laser resurfacing     glycolic acid/ alpha hydroxys     skin cancer     dermatitis     keloid scarring  
 chemical peels     other (specify) \_\_\_\_\_

Do you have any known allergies to: aspirin, fruits (papaya, pineapple), shellfish, milk or any other ingredients/products? Y/N

If answered "Yes", which product or cosmetic \_\_\_\_\_

Which conditions do you want to improve?

hyper pigmentation (brown spots)     acne     acne scarring     sun damage     enlarged pores  
 fine lines & wrinkles

Specific Skin Concerns:

sensitive redness     easily reactive     redness psoriasis     lack of firmness     razor bumps     ingrown hairs  
 excessive dryness     eczema     broken capillaries     oily itchiness discomfort     congested pores  
 enlarged pores     blackheads/whiteheads  
 other skin irregularities (specify)? \_\_\_\_\_  
 do you have any skin concerns about your décolleté, hands, arms and/or back (specify)? \_\_\_\_\_

Skin Type:     oily     dry     combination     normal

Hyperpigmentation (Cause):

pregnancy     birth control pills     antibiotics     sun exposure     acne lesions     picking

Do you use skin lighteners (Hydroquinone)? Y/N

Type of sun protection you currently use:  clothes  hat  sunglasses  sunscreen

How often?  Daily  Only if I am outdoors  Rarely or never

Do you sunbathe or participate in other outdoor activities? Y/N

Skin Texture  coarse  wrinkles  thin  thick

Skin photoaging  fine lines  wrinkles  furrows  brown spots

Acne Conditions - Do you have acne or are currently being treated for this condition? Y/N

If yes, which condition?  pustules  nodules  papules  cysts  comedones  milia

Are you using or have you ever used medications for acne? Y/N

Have you seen a Dermatologist in the past year? Y/N

Have you ever had Herpes (cold sores)? Y/N

Have you ever been treated with Zovirax TM/Valtrax TM or any Herpes medication? Y/N

Do you have Epilepsy or Diabetes? Y/N

If answered "yes", you will need a doctor's certificate for the use of certain products and treatments.

Are you presently under a physician's care for any reason? Y/N

Have you been treated for cancer in the last 12 months? Y/N

Have you had any facial waxing or electrolysis in the past week? Wait 5 days before and after hair removal treatment Y/N

Sun Sensitivity Category (choose one):

\_\_\_\_\_ SUN SENSITIVE (Fitzpatrick Scale I and II – example: fair hair, light-colored eyes and fair skin, Caucasian)

- Always burns and/or blisters – or
- burns easily but either never tans or only slightly.

\_\_\_\_\_ SUN TOLERANT (Fitzpatrick Scale III and IV – example: darker Caucasian, some Hispanics)

- Seldom burns and shows a moderate to good tan.

\_\_\_\_\_ SUN RESISTANT (Fitzpatrick V and VI – example: some darker Hispanics and African Americans)

- Never burns and shows a deep tan.

Female Clients Only:

Are you on hormone replacement therapy? Y/N

Are you presently taking birth control pills? Y/N

Are you pregnant or planning to be? Y/N

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_