

Skin Care History Questionnaire

Please answer the following questions so that I may have a better understanding of your general health and lifestyle, thereby enabling me to more accurately analyze your skin and or the possible factors of your present condition.

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Birthday _____
Email address: _____

Are you presently using any of the following? please circle all that apply

Retin A/ Renova Glycolic Acid/Alpha hydroxyl Acid Accutane
Topical Vitamin C Hormone therapy Birth control pill

Other topical medication _____

Have you ever had an allergic reaction to skin care products? If so explain _____

Do you have acne? If so where and how often. _____

Have you had acne in the past? If so how was it treated? _____

Do you have other skin conditions? _____

Do you use sunscreen? If so what SPF? _____

Do you sunbathe or participate in outdoor activities? _____

Any known allergies to topical or oral medications or other? _____

Are you presently under a doctors care? _____

What medications do you take regularly? _____

Do you have Herpes (cold sores)? If so how is it treated? _____

What are your skin concerns? _____

What skin care products do you use? _____

Have you had Microdermabrasion, chemical peels or laser before? _____

What are changes would you like to see for your skin? _____

Anything other information we need to know? _____