

**CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE**

**Client Information**

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Age \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**Medical Information**

Family Physician \_\_\_\_\_  
 Within past year, have you been under a dermatologist or other physician's care? \_\_\_\_\_  
 If yes, please specify \_\_\_\_\_  
 Surgeries within past year: \_\_\_\_\_  
 List any medications or supplements currently taking: (include birth control, hormone replacement therapies) \_\_\_\_\_  
 List any allergies or sensitivities: (include food, drugs, and cosmetic) \_\_\_\_\_  
 Are you pregnant? \_\_\_\_\_ Planning to become pregnant? \_\_\_\_\_  
 Do you smoke? \_\_\_\_\_ Live with smoker? \_\_\_\_\_  
 Have you been treated for (check those that apply): acne \_\_\_\_\_ depression \_\_\_\_\_  
 skin disease \_\_\_\_\_ high blood pressure \_\_\_\_\_ cold sore \_\_\_\_\_ diabetes \_\_\_\_\_ lupus \_\_\_\_\_

**Personal Information**

Is this your first facial treatment? \_\_\_\_\_ What is reason for visit today? \_\_\_\_\_  
 What is your skin type? (please circle): normal dry/dehydrated oily acne prone sensitive  
 When you go into the sun, do you (please circle one): always burn usually burn sometimes burn rarely burn never burn  
 Do you currently wear sun block? \_\_\_\_\_ If yes, which SPF: \_\_\_\_\_ Do you sunbath or use tanning beds? \_\_\_\_\_  
 Please circle all that apply to you: blush easily when nervous tendency to redness suffer from sinus problems history of rosacea  
 burning or itching on your skin  
 What skin care products are you currently using? (circle all that apply): soap cleanser toner moisturizer serum masque exfoliator  
 What skin care line do you currently use? \_\_\_\_\_  
 In order of importance, please rank 1 (most important) to 5 (least important) for overall skin goals: \_\_\_\_\_reduction of fine lines \_\_\_\_\_reduction of brown spots/sun damage \_\_\_\_\_reduction of oil/acne \_\_\_\_\_acne scars diminished \_\_\_\_\_reduction of redness other \_\_\_\_\_  
 Have you ever had chemical peels, microdermabrasion or other resurfacing treatments? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
 Are you currently or have you ever used prescription skin care products including Accutane, Retin A, Renova, Differin, Adapalene or other? \_\_\_\_\_  
 If yes, please specify: \_\_\_\_\_  
 Are you currently using any of the following skin care products (circle all that apply): exfoliating scrubs any hydroxyl acid product (glycolic, salicylic, lactic) retinol benzoyl peroxide  
 Rate your current level of stress (1 lowest level-5 highest level) \_\_\_\_\_ Rate your normal level of stress (1-5) \_\_\_\_\_  
 Are you interested in additional information on cosmetic procedures? \_\_\_\_\_ Do you ever experience claustrophobia? \_\_\_\_\_  
 Do you have any metal implants? (dental, joint ect.) \_\_\_\_\_ How many alcoholic beverages do you consume weekly? \_\_\_\_\_

*Thank you!*