

## PERSONAL SKIN CARE INFORMATION

SOAP \_\_\_\_\_ CLEANSER \_\_\_\_\_ TONER \_\_\_\_\_ GLYCOLIC \_\_\_\_\_ MASQUE \_\_\_\_\_

MOISTURIZER \_\_\_\_\_ OTHER \_\_\_\_\_

HOW DO YOU WANT TO IMPROVE YOUR SKIN? \_\_\_\_\_

## FREE RADICAL EXPOSURE

DO YOU SMOKE? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DO YOU CONSUME ALCOHOL? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DO YOU EAT A HEALTHY DIET? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DO YOU EXERCISE \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DO YOU TAKE VITAMINS? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

### PIGMENTATION:

EVEN \_\_\_\_\_ UNEVEN \_\_\_\_\_ BIRTHMARK \_\_\_\_\_ PREGNANCY MASK \_\_\_\_\_

I BURN II USUALLY BURN III SOMETIMES BURN

IV RARELY BURN V NEVER BURN-BROWN VI NEVER BURN-BLACK

DATE \_\_\_\_\_

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

# HYPERSENSITIVITY & FRAGILITY

HAVE YOU EVER HAD A SKIN ALLERGY?

Y N

TO: COSMETICS \_\_\_\_\_ FABRICS \_\_\_\_\_ ASPRIN \_\_\_\_\_ OTHER \_\_\_\_\_

## ABILITY TO HEAL

DOES YOUR SKIN APPEAR FRAGILE OR BURN EASILY?

Y N

DO YOU FORM A THICK OR RAISED SCAR FROM CUTS OR BURNS?

Y N

DO YOU HAVE ANY HEALTH PROBLEMS?

Y N

DO YOU WAX OR USE DEPILATORIES ON YOUR FACE?

Y N

DO YOU EVER GET COLD SORES?

Y N

## SUN HISTORY

WHAT PERCENTAGE OF THE TIME DO YOU SPEND IN THE SUN?

SUMMER \_\_\_\_\_ WINTER \_\_\_\_\_

DO YOU USE INDOOR TANNING BEDS?

Y N

IN THE PAST, HAVE YOU NEGLECTED TO USE SUNBLOCK OUTDOORS?

Y N

DO YOU CURRENTLY USE SUNBLOCK WHEN OUTDOORS?

Y N

## FEMALE PATIENTS

ARE YOU PREGNANT OR BREAST-FEEDING?

Y N

DO YOU HAVE REGULAR PERIODS?

Y N

HAVE YOU OR ARE YOU CURRENTLY GOING THROUGH MENOPAUSE?

Y N

DURING PREGNANCY, PROBLEMS WITH DARKENING OF YOUR SKIN?

Y N