



Skincare Assessment

Personal Information

Last Name: _____ First Name: _____

DOB: ____/____/____ Cell Phone # (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How did you hear about us? _____

Personal History

Have you ever seen a physician or technician specifically for a skin problem or skincare?

YES NO If yes, when and for what reason? _____

Are you **currently** under a physician's care for your skin? YES NO If yes, detailed reason

Do you have any allergies or skin sensitivities? YES NO If yes, list all allergies/skin sensitivities: _____

Do you take any **oral** medications? YES NO If yes, list all **oral** medications

Do you use any **topical** medications? (ex:Retinol) YES NO If yes, list all **topical** medications: _____

Skin Product History

Do you currently use skincare products as a daily regimen? YES NO

If yes, list products _____

Have you done any aggressive exfoliation to your skin in the last 2 weeks? YES NO

If yes, explain type(s) of exfoliation: _____

Skin Procedure History

Have you previously had any of these skin procedures? YES NO If no, skip this section

Microdermabrasion YES NO Date of last procedure: _____

Chemical Peel YES NO Date of last procedure: _____

Phototherapy YES NO Date of last procedure: _____

Laser Resurfacing YES NO Date of last procedure: _____

Radiofrequency YES NO Date of last procedure: _____

Dermabrasion YES NO Date of last procedure: _____

Facial Surgery YES NO Date of last procedure: _____

Other procedures/ date: _____

Oily Skin or Acne

Any acne breakouts? Blackheads Whiteheads Enlarged heads Pustules Lrg. pores
 Cysts

Do you have any history of acne or periodic breakouts? YES NO If yes: NOW In past?

Do you always have a pimple or some type of breakout? YES NO

Do you experience breakouts during or around your menstrual cycle? YES NO

Does your skin ever flake or feel tight and dry? Frequently Occasionally Rarely

Is your skin ever shiny (oily) a few hours after cleansing? Frequently Occasionally

Rarely

How noticeable are your pores? Very T-Zone Only Not Very Noticeable

Sensitive and Intolerant or Dry Skin

Do you "flush or reddened" when eating spicy food, drink alcohol, or go in the sun, etc? YES
 NO

Does your skin ever get flaky or itch? YES NO If yes, is it seasonal or all the time?

Do you have difficulty healing from a cut or burn? YES NO

Prematurely Aged and/or Hyperpigmented Skin

Do you have facial wrinkles? Deep Wrinkles Crows Feet Fine lines Skin Laxity

Have you been treated with? Botox Fillers If yes, date of last treatment _____

SKIN TYPE EVALUATION

This information will help our office to better evaluate your skin type so the laser treatment and intense pulse light treatment will be more effective. Skin type is often categorized according to the Fitzpatrick Skin Type Scale, which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors influencing skin type and the treatment program devised by your practitioner are:

- ⓪ Genetic disposition
- ⓪ Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin type evaluation.

By using the information you provide on this form, we can better provide you with the best care. Please complete the questionnaire by circling the correct answer under the number.

Genetic Disposition

Score	0	1	2	3	4
Your Natural eye color	Light blue, green, gray	Blue, green, gray	Light brown	Dark brown	Brownish
Your Natural hair color	Sandy, red	Blonde	Chestnut/Dark brown	Dark brown	Black
Color of unexposed skin	Reddish	Very pale	Pale w/beige tint	Light brown	Dark brown
Do you have freckles?	Many	Several	Few	Incidental	None

Total score for genetic disposition _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
Have you exposed the area to be treated to sun or tanning?	Never	Hardly ever	Sometimes	Often	Always

Score for tanning habits? _____

Reaction to sun exposure

Score	0	1	2	3	4
What happens if you stay in sun too long?	Painful, redness, blistering, peeling	Blistering followed by peeling	Burns sometimes then peel	Rarely burns	Never burns
To what degree do you turn brown	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown easily
Do you turn brown several hrs after exposure to sun?	Never	Seldom	Sometimes	Often	Always
How does your face react to sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a Problem

Score for reaction to sun exposure _____

_____ Genetic Disposition

_____ Reaction to Sun Exposure

_____ Tanning Habits

_____ Skin Type Score

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

Your Fitzpatrick Skin Type _____

