

Health Questionnaire

Patient Name:

DOB:

Skin History:

Skin Care Concerns:

- None
- Facial Veins Facial lines or wrinkles Uneven skin texture
- Facial Redness (Rosacea) Brown spots or discoloration Active acne
- Acne scarring Other (please specify) _____

Facial and Microdermabrasion History:

- N/A Never had either treatment Past Facials
- Past Microdermabrasions Past facials and microdermabrasions

Topical Skin Care History: (check all that applies)

- None Azelex Differin Renova Refissa Retin-A
- Tretinoin Tazorac Triluma Avita Adapalen Sotret
- Accutane Avage Glycolic or Alpha Hydroxy Acids Hydroquinone Other (list) _____

Herpes History:

- Never diagnosed with oral or genital herpes Treated for oral or genital herpes within past 2 months
- Treated for oral or genital herpes greater than 2 months ago

Facial Laser History:

- N/A None
- IPL (photofacials) Hair laser
- Laser resurfacing (Fraxel, Pixel, Dot, Profractional) Tattoo removal
- Other (please list) _____

Brief Eye History:

- None Wear glasses
- Wear contact lenses Chronic dry eyes or excessive tearing
- Elevated eye pressure or glaucoma Other (please list) _____
- Current use prescription eye medication or drops

Daily Skin Regimen:

- N/A None Special soaps Toner Scrubs Exfoliator Masks
- Daily sunscreen with SPF 30 or higher Daily sunscreen with SPF less than 30 Body lotions Facial lotions
- Other (please specify) _____