

# Skin Care Assessment

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Personal Medical History

## Comments

Are you presently under the care of a Dermatologist for a medical reason? Yes ☐ No ☐ \_\_\_\_\_

Are you pregnant or planning to become pregnant in the near future? Yes ☐ No ☐ \_\_\_\_\_

What concerns do you have about your appearance? \_\_\_\_\_

Have you ever had cosmetic surgery? Yes ☐ No ☐ \_\_\_\_\_

If "yes" please describe \_\_\_\_\_

Do you smoke? Yes ☐ No ☐ \_\_\_\_\_

Have you ever been on Accutane? Yes ☐ No ☐ When? \_\_\_\_\_

Have you ever used Retin A, Renova or Retinol? Yes ☐ No ☐ Strength \_\_\_\_\_

Have you ever used Hydroquinone? (Skin lightener) Yes ☐ No ☐ Strength \_\_\_\_\_

Have you had a Facial Peel? Yes ☐ No ☐ \_\_\_\_\_

If yes, how long did it take to recover? \_\_\_\_\_

Have you had Laser Resurfacing? Yes ☐ No ☐ \_\_\_\_\_

If yes, how long did it take to recover? \_\_\_\_\_

Have you ever had cold sores, fever blisters, keloids? Circle those that apply Yes ☐ No ☐ \_\_\_\_\_

Are you allergic to any foods or medications Yes ☐ No ☐ \_\_\_\_\_

If "yes", please list \_\_\_\_\_

Do you bruise easily? Yes ☐ No ☐ \_\_\_\_\_

Do you have any bleeding disorders? Yes ☐ No ☐ \_\_\_\_\_

Do you take any of the following medications on a regular basis?

Coumadin ☐ ASA ☐ Fish Oil ☐ St. John's Wart ☐

Ibuprofen ☐ Vitamin E ☐ Gingko Biloba ☐

Are you taking any additional medications? Yes ☐ No ☐ \_\_\_\_\_

If "yes", please list \_\_\_\_\_

Do you use Sunscreen? Always ☐ Sometimes ☐ Rarely ☐ Never

When exposed to the sun which of the following apply to you?

Circle one.

I. Always burn, never tan

IV. Rarely burn, tan with ease

II. Usually burn, tan with difficulty

V. Very rarely burn, tan very easily

III. Sometimes mild burn, tan average

VI. No Burn, tan very easily

Would you characterize your skin as:

Sensitive \_\_\_\_\_ Combination (oily t-zone otherwise normal) \_\_\_\_\_

Rough \_\_\_\_\_ Oily \_\_\_\_\_

Dry \_\_\_\_\_ Problem prone (acne, other) \_\_\_\_\_

Normal \_\_\_\_\_ Thin \_\_\_\_\_

Please name the brand of products that you are currently using:

Cleanser \_\_\_\_\_ Toner \_\_\_\_\_

Scrub \_\_\_\_\_ Moisturizer \_\_\_\_\_

Mask \_\_\_\_\_ AHAs \_\_\_\_\_

Sunscreen \_\_\_\_\_ Other \_\_\_\_\_

Are there any other procedures about which you would like more information? \_\_\_\_\_

Patient Signature \_\_\_\_\_