dermatology CONSULTANTS

MEDICAL SKINCARE ASSESSMENT

PERSONAL HISTORY

Are you currently seeing a physician for any reason? yes / no
Explain if yes____
Were you referred by a dermatologist? yes / no Name of dermatologist________________________
Are you or have you seen a physician for skin problems? yes / no Do you see an esthetician? yes / no
Explain if yes____
Have you had a skin cancer diagnosis? yes / no Type?____________________________________
Do you have any allergies or skin sensitivity? yes / no Type?_______________________________
Do you currently take any oral or use topical prescription medications yes / no List________________
____
Do you take Accutane? yes / no Did you take Accutane in the past? yes / no When?______________
Do you get cold sores? yes / no Last cold sore? ______________________________________
Do you ever wax or use depilatories on your face? yes / no Last used?________________________
Current skin care products____
Do you use sunscreen every day? yes / no
Have you used tanning beds? yes / no
Please answer if female: Do you have a regular menstrual cycle? yes / no Post-menopausal? yes / no
Are you pregnant or lactating? yes / no. Did you develop pigment or pregnancy mask? yes / no

SKIN PROCEDURE HISTORY

Have you previously had any of these skin procedures? (*Circle and date*)
Chemical peels__________Microdermabrasion__________Dermaplaning__________Laser_________
Phytotherapy(blue or red light)___________Facial surgery___________Dermabrasion_____________
Botox or Fillers____________Other procedures____

SKIN CONDITION

OILY SKIN OR ACNE (*circle*): blackheads whiteheads large pores blemishes cysts
Do you have any history of acne or periodic breakouts? yes / no Menstrual breakout? yes / no
SENSITIVE OR DRY SKIN:
Do you "flush" or become reddened when eating spicy food, drink alcohol or get sun exposure? yes / no
Have you been diagnosed with Rosacea? yes / no
Does your skin ever get flaky or itch in summer and or winter? yes / no
PREMATURELY AGED AND OR HYPERPIGMENTED
Do you have (*circle*): facial wrinkles, fine lines skin laxity? Brown spots or dark areas? yes / no
HOW DOES YOUR SKIN REACT TO SUN EXPOSURE? (*circle*)
1 burn 2 usually burn 3 sometimes burn 4 rarely burn 5 never burn(brown) 6 never burn (black)

WHAT IS YOUR ETHNICITY?____

WHAT ARE YOUR SKIN CARE GOALS?____
____

Patient signature_____________________________________DATE____________________