

**SKIN REJUVENATION QUESTIONNAIRE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

What medications do you currently take including over the counter medications?

Ginko (photosensitive) \_\_\_\_\_ St. John's Wart & Vitamin E (bleeding) \_\_\_\_\_  
Aspirin containing medications \_\_\_\_\_

Have you ever taken Accutane? \_\_\_\_\_ When? \_\_\_\_\_

List any medical problems. \_\_\_\_\_

Are you pregnant or nursing? \_\_\_\_\_

What topical medications do you or have you used?

Retin-A \_\_\_\_\_ Renova \_\_\_\_\_ Glycolic or AHA's \_\_\_\_\_ Acne \_\_\_\_\_  
Topical Cortisone \_\_\_\_\_ Other \_\_\_\_\_

Have you ever had a chemical peel, microdermabrasions, laser, or other skin treatment?

\_\_\_\_\_ When? \_\_\_\_\_

Please check one that most describes your skin type

- \_\_\_\_\_ Always burns easily, never tans, extremely sun sensitive
- \_\_\_\_\_ Always burns easily, tans minimally, very sun sensitive
- \_\_\_\_\_ Sometimes burns, tans gradually (burn then tan), sun sensitive
- \_\_\_\_\_ Burns minimally, tans to moderate brown, minimal sun sensitivity
- \_\_\_\_\_ Rarely burns, tans well, not sensitive to the sun

What is your skin type/ethnicity? \_\_\_\_\_

(example: Hispanic, English, Asian, etc.)

How frequently do you sunbathe or are you in the sun? \_\_\_\_\_

Do you use sunscreen? Yes \_\_\_\_\_ No \_\_\_\_\_ SPF \_\_\_\_\_

Do you use self tanner? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use sunscreen daily? (in moisturizer/foundation) Yes \_\_\_\_\_ No \_\_\_\_\_

When were you last directly in the sun? \_\_\_\_\_

Do you have any skin allergies? \_\_\_\_\_

What skin care regimen do you currently follow? What products are you currently using?

\_\_\_\_\_  
\_\_\_\_\_

How do you want to improve your skin? \_\_\_\_\_

\_\_\_\_\_