

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? _____
