

SKIN EVALUATION FORM

Patient Name _____ Date _____

Your skin type is: Dry Normal/Combination Oily Acne Prone

Do you have a history of any of the following?

Skin Disease Cold Sores/Herpes on Face Skin Allergies Eczema

Other _____

Have you ever experienced an allergic reaction to any medications or creams?

What do you use to cleanse your face? Soap Non-soap Cleanser

Do you use a toner? No Yes Product _____

Have you used alpha hydroxy acid or salicylic acid products? No Yes

Products _____

Do you use Retin-A® Differen® Azelex® Renova®

When were these last used? _____

What brands of cosmetics do you currently use the most?

Have you had previous face peels? When? What type?

Have you ever used Accutane? No Yes When? _____

Are you pregnant or actively attempting to become pregnant? No Yes

Do you have any other areas of your skin that you would like to treat? (hands, neck, chest, etc?)

Do you use sunscreen?

Daily Occasionally Only when outdoors Face SPF _____ Body SPF _____

Did you know we provide skin care services, including facials, microdermabrasion, waxing, and body wraps?

No Yes

Would you like our Licensed Esthetician to call you regarding your skin care?

No Yes