

# Skin Evaluation as of \_\_\_\_\_ (enter today's date)

Patient \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

## Objectives

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

What specific areas do you want to treat?  Face  Neck  Chest  Back  Hands  Other \_\_\_\_\_

## General Questions

Have you ever seen a dermatologist for your skin?  Yes  No

Have you or any member of your family had skin cancer?  Yes  No If yes, who? \_\_\_\_\_

Are you pregnant or lactating?  Yes  No

Have you every used acutane?  Yes  No

What topical medications do you use or have you used?  Acne  Retin-A  Glycolic Acid  Other \_\_\_\_\_

What oral medications do you currently use?  Tranquilizer  Antibiotics  Hormones or Birth Control  Diuretics

**Facial Wrinkles:**  Deep Wrinkles  Crows feet  Fine lines

**Hypersensitivity and Fragility:** Have you ever had a skin allergy?  Yes  No If yes, to what: \_\_\_\_\_

## Free Radical Exposure

Do you smoke?  Yes  No If yes, how much? \_\_\_\_\_ per day

Do you consume alcohol?  Yes  No If yes, how much? \_\_\_\_\_ per day

Do you have a regular diet?  Yes  No

Do you exercise?  Yes  No If yes, how much? \_\_\_\_\_ per day

Do you take vitamins?  Yes  No If yes, what kind? \_\_\_\_\_

## Hormones: Hormones

Do you have regular periods?  Yes  No

Are you going through menopause?  Yes  No

During pregnancy did you ever get hyperpigmentation or masking?  Yes  No

## Pigmentation:

How do you tan?  Always Burn  Usually Burn  Burn then Tan  Usually Tan  Always Tan

Pigmentation:  Even  Uneven  Birthmark  Pregnancy Mask

**Vascularity:** Broken Capillaries:  Nose area  Cheek area  Chin area  Forehead  Entire face

**Acne:** Do you have any history of acne?  Pimples  Whiteheads  Blackheads  Enlarged Pores  Acne Scars

## Skin Type:

Does your skin ever flake or feel tight and dry?  Often  Occasionally  Rarely

Is your skin very shiny a few hours after cleansing?  Often  Occasionally  Rarely

How often do you experience blackheads or facial blemishes?  Often  Occasionally  Rarely

How noticeable are your pores?  Very  T-zone  Not very

## Ability to heal:

Does your skin appear fragile, burns easily?  Yes  No

Do you form thick or raised scarring from a cut or burn?  Yes  No

Do you have any health problems?  Yes  No

Do you wax or use depilatories on your face?  Yes  No

Do you ever get cold sores?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_