

## Tell Us About Yourself!

Welcome to Adult & Pediatric Dermatology, PC, Center for Cosmetic Services. Please take a few moments to fill out this questionnaire so that we may better classify your skin concerns and skin type.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Skin Concerns

Please check off any skin concerns:

- |  |                                     |                                       |                                   |
|--|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> Blackheads | <input type="checkbox"/> Brown Spots  | <input type="checkbox"/> Dry Skin |
| <input type="checkbox"/> Discoloration/Red Spots | <input type="checkbox"/> Rosacea    | <input type="checkbox"/> Sagging Skin | <input type="checkbox"/> Scars    |
| <input type="checkbox"/> Unwanted Hair           | <input type="checkbox"/> Wrinkles   |                                       |                                   |

Other: \_\_\_\_\_

Are you currently under a Dermatologists care?  Yes  No

### Current Skincare Regimen

I use:

Facial cleanser: \_\_\_\_\_ Frequency \_\_\_\_\_

Toner: \_\_\_\_\_ Frequency \_\_\_\_\_

Topicals: \_\_\_\_\_ Frequency \_\_\_\_\_

Moisturizer: \_\_\_\_\_ Frequency \_\_\_\_\_

Sunscreen \_\_\_\_\_ Frequency \_\_\_\_\_

Do you wear makeup regularly? \_\_\_\_\_

Do you apply any of the following to your skin regularly? If so, how often?

Retin A or another topical retinoid: \_\_\_\_\_ Frequency \_\_\_\_\_

Salicylic acid: \_\_\_\_\_ Frequency \_\_\_\_\_

Alpha or Beta Hydroxy products: \_\_\_\_\_ Frequency \_\_\_\_\_

## Skincare History

Eye color: \_\_\_\_\_

Natural hair color: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Moisturizer: \_\_\_\_\_

When exposed to 30 minutes of direct sunlight, do you typically:

- Always burn    Burn, then tan    Usually tan,  
Occasionally burn    Always tan

Do you have a history of skin cancer?

- Yes    No

## Treatment History

Have you ever been treated with a deep peel or dermabrasion?

- Yes |  No

Have you ever had light peels, facials, or other skin treatments?

- Yes |  No

Have you ever had cosmetic surgery?

- Yes |  No

Do you use skin lighteners?

- Yes |  No

Do you use any acne medication?

- Yes |  No

## Social History

Do you smoke?

- Yes |  No

Do you drink alcohol?

- Yes |  No

## OBGYN

Are you pregnant?

- Yes |  No

Are you breastfeeding?

- Yes |  No

Are you planning to become pregnant in the next three months?

- Yes |  No

At Adult & Pediatric Dermatology, PC, our goal is to design a treatment plan specifically for you. We believe in utilizing the most conservative treatment plan that will best achieve your treatment goals.