

SKIN + HEALTH QUESTIONNAIRE

EGRARI SKINCARE

FULL LEGAL NAME: _____ DOB: _____ AGE: _____

HEALTH + LIFESTYLE

Do you eat a healthy diet?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you drink water every day?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you wear contact lenses?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Are you breastfeeding?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

Will you attend any events where you would like to look and feel more refreshed? Y N If so, when? _____

How well do you tan?

<input type="checkbox"/> I – Always burn, never tan	<input type="checkbox"/> III – Sometimes burn, always tan	<input type="checkbox"/> V – Never burns, light brown skin
<input type="checkbox"/> II – Always burn, sometimes tan	<input type="checkbox"/> IV – Rarely burn, always tan	<input type="checkbox"/> VI – Never burn, medium-dark skin

SKIN HISTORY

Do you have a history of acne	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you have a history of cold sores?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you see a Dermatologist?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

Have you ever had a bad reaction to skincare products? Y N If so, please describe _____

What Skincare Products Do you currently use?

MORNING: _____	EVENING: _____
_____	_____
_____	_____
_____	_____

Have you or are you currently using any of the following or products that contain the following?

<input type="checkbox"/> Retinol	<input type="checkbox"/> Glycolic Acid	<input type="checkbox"/> Hydroquinone
<input type="checkbox"/> Tretinoin (Retin-A)	<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> Azelaic Acid
<input type="checkbox"/> Isotretinoin (Accutane)	<input type="checkbox"/> Salicylic Acid	<input type="checkbox"/> Topical Steroids

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Have you or are you currently receiving skin treatments?

YES NO

Have you had any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Facial Injectables | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Permanent Cosmetics | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> IPL or BBL | <input type="checkbox"/> Laser Treatments | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Facial Cosmetic Surgery | <input type="checkbox"/> Dermaplaning | |

What type of skin do you think you have?

Dry Oily Normal Combination

SKIN GOALS

If there was something you could change or improve about your skin, what would it be? _____

Do the following apply to you? I feel like I look:

Tired Sad Angry Older than my age

Anything else?

- | | | |
|---|--|---|
| <input type="checkbox"/> Discoloration (sunspots/melasma) | <input type="checkbox"/> Oily skin | <input type="checkbox"/> Volume loss |
| <input type="checkbox"/> Fine lines or wrinkles | <input type="checkbox"/> Enlarged pores | <input type="checkbox"/> Droopy brow |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Neck wrinkles |
| <input type="checkbox"/> Acne scars | <input type="checkbox"/> Lax or sagging skin | <input type="checkbox"/> Double chin |
| <input type="checkbox"/> Stretch marks | <input type="checkbox"/> Spider veins | <input type="checkbox"/> Dull skin |
| <input type="checkbox"/> Uneven skin texture | <input type="checkbox"/> Redness | <input type="checkbox"/> Cosmetic Injectables |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Under-eye area | |

Do you have any interest or want to learn more about the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Skincare Regimen | <input type="checkbox"/> Halo | <input type="checkbox"/> ZO Skin Health |
| <input type="checkbox"/> BBL | <input type="checkbox"/> Microneedling | <input type="checkbox"/> Alastin Skincare |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Morpheus8 | <input type="checkbox"/> Skinbetter Science |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Ultherapy | <input type="checkbox"/> Epionce |
| <input type="checkbox"/> Dermaplaning | <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> iS Clinical |
| <input type="checkbox"/> Hydrafacial | <input type="checkbox"/> Laser Vein Therapy | <input type="checkbox"/> Baja Zen |