



Skin Treatment History

What would you like to address about your skin?

Wrinkles

Texture

Skin Tightening

Sun Damage

Acne

Scarring

Other _____

Are you taking any supplements?
Vitamin E, fish oil, etc. If yes, what are they? Yes No

Have you ever used Accutane, AHA's, Retin A, Retinol? If yes, when and what? Yes No

Are you taking any medications at this time? Yes No
If yes, what medications?

Do you suffer from cold sores? Yes No

Do you get skin rashes in the sun? Yes No

Have you ever seen a dermatologist? Yes No
If yes, when and what for?

Have you had trouble with scars, wounds or pigment? Yes No

Do you smoke? Yes No

When were you last tanning or in the sun?

What is your nationality?

Do you typically burn in the sun? Yes No

What skin care products are you now using?

What type of skin treatments have you had? When and where?

Do you have any allergies? Yes No
If yes, to what are you allergic?
