



Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

Health issues and procedures or products of interest to you (please check all that apply).

- BOTOX® Cosmetic (Botulinum Toxin Type A)
- AHA and Glycolic Peels
- Collagen Therapy
- Skin Rejuvenation
- Avage™, Retin-A or Renova
- Microdermabrasion
- Acne
- Chemical Peels
- Laser Treatments
- Other, please specify _____
- Skin Care Advice
- Skin Care Products
- Liver Spots/Age Spots
- Sunscreen Advice
- Removing Leg Veins
- Facials
- Hair Removal
- Spider Vein Treatments
- Removing facial Veins

If yes, why? _____

Have you ever seen a dermatologist or other physician for your skin? Y N
If yes, when and why? _____

Have you previously had:
Chemical Peel? Y N Type of Peel _____ Date: _____

Laser Resurfacing, Dermabrasion, or Microdermabrasion? Y N
Type/Depth (if known) _____ Date _____

Facial Surgery Y N Procedure _____ Date: _____

Have you done any aggressive exfoliation to you skin in the last 2 weeks? Y N
If yes, explain: _____

What skin care products do you use frequently? _____

Are you taking Accutane®? Y N
If yes, what dosage and frequency? _____

Have you ever taken Accutane®? Y N
If yes, last taken on? _____

What topical medications do you use or have you used Retin-A® Hydroquinone
Have you ever used topical fluorouracil preparation on your skin? Y N
If yes, when? _____ On what area of your body? _____

Other: (this includes topical antibiotics, OTC acne remedies, Hydroquinone, etc.) _____

Please list any oral medications you currently take: _____
(this includes hormones, birth control pills, antibiotics, tranquilizers, anti-depressants, diuretics, etc.)

HYPERSENSITIVITY AND SKIN FRAGILITY:

Have you ever had a skin allergy or sensitivity (rash, irritation, peeling swelling, hives, etc.) Y N
to: cosmetics fabrics Other: (i.e. latex, etc.) _____

Do you have any known allergies to anything? Y N
If yes, please list all allergies: (this includes medications, aspirin, food, etc. _____

Do you “flush” or “appear reddened” easily when you eat spicy food, drink alcohol, get angry, go into the sun, etc.? Y N



FREE RADICAL EXPOSURE

Do you smoke?	Y	N	How much? _____
Do you consume alcohol?	Y	N	How much? _____
Do you have a healthy diet?	Y	N	List any dietary concerns: _____
Do you exercise?	Y	N	How much? _____
Do you take vitamins?	Y	N	Multi-Vitamins: _____
			Antioxidants: _____

FOR WOMEN ONLY

Do you have regular periods?	Y	N	
Are you going through menopause?	Y	N	
Are you pregnant or lactating?	Y	N	
Are you trying to become pregnant?	Y	N	

If yes, during pregnancy did you ever experience hyperpigmentation or a pregnancy mask? Y N

PIGMENTATION (Fitzpatrick Scale):

How do you tan?

I Burn **II** Usually Burn **III** Sometimes Burn
IV Rarely Burn **V** Never Burn-“Brown” **VI** Never Burn-“Black”

Pigmentation: Even Uneven Birthmark Pregnancy Mask

FACIAL WRINKLES: Deep wrinkles Crow’s feet Fine lines

Have you been treated with Botox® Collagen

If yes, date of last treatment: _____

SKIN TYPE:

Does your skin ever flake and feel tight and dry?

Frequently Occasionally Very Rarely

Is your skin ever dry a few hours after cleansing?

Frequently Occasionally Very Rarely

How often do you experience blackheads or blemishing?

Frequently Occasionally Very Rarely

How noticeable are your pores?

Very T-zone Not Very

HOW DO YOU WANT TO IMPROVE YOUR SKIN?

1.) _____

2.) _____