**Skin History and Analysis**

Name: Date: Age:

How do you rate your skin? Check all that apply now (or previously) to your skin:

\_\_\_\_Oily \_\_\_\_Acne \_\_\_\_Blackheads

\_\_\_\_Normal \_\_\_\_Acne Scaring \_\_\_\_Whiteheads

\_\_\_\_Dry \_\_\_\_Scaring \_\_\_\_Pigmentation

\_\_\_\_Combination \_\_\_\_Enlarged Pores \_\_\_\_Broken Capillaries

\_\_\_\_Sensitive \_\_\_\_Wrinkles

List any allergies:

Have you ever seen a doctor for your skin?

Have you/are you using prescription products or medications such as Accutane, Birth Control, or Hormones?

Have you/are you using Retin-A? Yes\_\_\_ No\_\_\_ For how long?

 What concentration? .1%\_\_\_ .05%\_\_\_ .025%\_\_\_

Are you pregnant/lactating? Yes\_\_\_ No\_\_\_ Due Date:

Are you actively trying to get pregnant? Yes\_\_\_ No\_\_\_

During pregnancy, did you develop “masking” or hyperpigmentation? Yes\_\_\_ No\_\_\_

What type of facial cleanser do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gel\_\_\_ Cream/Milky\_\_\_

What type of toner/astringent do you use?

Do you use facial scrubs? Yes\_\_\_ No\_\_\_

Facial depilatories or hot wax? Yes\_\_\_ No\_\_\_

Electrolysis Yes\_\_\_ No\_\_\_

Do you burn due to sun exposure? Yes\_\_\_ No\_\_\_

Have you used a tanning bed? Yes\_\_\_ No\_\_\_ Currently Yes\_\_\_ No\_\_\_ How often

History of skin cancer

How often do you use sunscreen?

What changes would you like to see with your skin?