

# Skin Care Questionnaire

## SkinCare

What are your current skincare concerns?

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What skin care treatments or procedures have you had in the past?

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If you've had previous skin care treatments were you pleased with the outcome? Yes No (If no, why were you dissatisfied)

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Please circle 3 things you would like to improve about your skin.

Lines Wrinkles Rough Texture Dull Pores Blotchiness Dry & Tight Age Spots Breakouts Oiliness Prevention

Do you have sensitive skin, occasional or recurring skin problems we should be aware of? Yes No (If yes, please explain)

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Have you ever experienced allergic reaction to skin products? Yes No (If yes, please explain)

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Are you currently using any skin lightening products (e.g. Retin A or Hydroquinone)? Yes No (If yes, what products?)

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List your current skincare routine. List the brand names next to the products used.

		Brand Name
Cleanser(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exfoliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Serum/Hydration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Moisturizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPF/Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Masks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eye Gel/Creams	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retin-A or similar product	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Anatomical Face Map

With respect to facial aesthetics, please mark those areas of the face that bother or trouble you. In the boxes provided please rate these areas on a scale of 1 to 5 (1 being least bothersome, 5 being most bothersome). Feel free to draw on the chart to identify any other facial concerns.

