

2643 Patterson, Suite 506 \* St. Mary's Physician's Tower \* Grand Junction, Colorado 81506 \* 970-242-8177 \* fax: 970-255-3558

Date			

## **Confidential Health Questionnaire for Skin Care**

Patient Name:		Date of Birth:					
Address:							
Home Phone:		Cell Phone:_					
E-mail address:							
Marital Status: □ Sin	ngle   Married	□ Divorced □ L	egally Separated	□ Wido	wed	□ Other	
Employer:	Occupation:						
Does your job require that	at you work outdoors? □f	lo □Yes					
How did you hear about	ReGenesis Plastic Surge	ry and Skin Care Cente	r?				
□ Internet search	□ Doctor	□ Friend	□ Other				
□ Te	elevision	□ Magazine					
Who can we thank for yo	our referral?						
What would you like to a	chieve from your treatme	nt today?					
Your Skin Care							
1) Have you ever had a f	facial treatment before?	□No □Yes If yes, when	<u> </u>				
2) Have you ever had a l Moor Mud Body Scru			Massage	Salt glow	Seawe	eed Wrap	
3) Which of the following	best describes your skin	type? (Please circle on	e type number)				
. I Creamy Complexion	n - Always I	ourns easily, never tans					
. II Light Complexion	- Always I	ourns, tans slightly					
. III Light/Matte Compl	exion - Burns m	oderately, tans graduall	у				
. IV Matte Complexion	- Seldom	burns, always tans well					
. V Brown Complexion	- Rarely b	urns, deep tan					
. VI Black Complexion	- Never b	urns, deeply pigmented					

## (continued on next page)

4) Do you have any special skin problems/concerns pertaining to your face or body? □Yes □No
Specify:
5) Have you ever had chemical peels, laser or microdermabrasion? □No □Yes
In the last month? □No □Yes
6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products? □No □Yes Describe:
Have you used any of these products in the last 3 months □No □Yes
7) Have you used an acne medication?   No  Yes When?
Which drug?
8) What skin care products are you currently using? (List brand where known)
Soap
Toner
Mask
Eye Product
Cleanser
Day Moisturizer
Exfoliator
Scrubs
Shower Gels
Body Lotions
SunscreenSPF
Night Moisturizer/Cream
Other Makeup Products
9) Have you recently used any self-tanning lotions, creams or treatments? □No □Yes Specify:
10) Have you used any of the following hair removal methods in the past six weeks? □No □Yes Circle all that apply:
Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories
11) What areas of concern do you have regarding your skin (Please check any that apply and explain): □Breakouts/acne □ □Broken capillaries □Redness/ruddiness □Flaky skin □Sun spots/liverspots/brown spots □Blackheads/whiteheads □Excessive oil/shine □Uneven skin tone □Rosacea □Sun damage □Wrinkles/fine lines □Dull/dry skin □Dehydrated skin □Other

Eyes: □Dehydrated □Wrinkles □Puffiness □Dark circles □Other:				
Lips: □Dehydrated □Cracked/chapped lips □Other:				
12) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain):				
□Cosmetics □AHAs □Medicine □Fragrance □Food □Shellfish □Animals □Latex □Sunscreens □Drugs □lodine				
□Pollen □Other If other, please explain:				
13) What SPF do you use on your face? How often/when?				
14) What SPF do you use on your body? How often/when?				
15) Have you had any recent tanning bed or sun exposure that changed the color of your skin? □ No □Yes				
Specify:				
16) Have you experienced Botox, Restylane or Collagen injections? □No □Yes				
Specify:				
Female Clients Only:				
17) Are you taking oral contraceptives? □No □Yes Specify:				
18) Any recent changes to or from your contraceptive treatment? □No □Yes If yes, what and when:				
19) Are you pregnant or trying to become pregnant? □No □Yes				
20) Are you lactating? □No □Yes				
21) Any menopause problems? □No □Yes				
Specify:				
22) Are you undergoing any hormone replacement therapy? □No □Yes				
Specify:				
Male Clients Only:				
23) What is your current shaving system? □Wet shave □Electric				
24) Do you experience irritation from shaving? □No □Yes Ingrown hairs? □No □Yes				
Future Appointments/Contact:				
I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I ReGenesis Plastic Surgery & Skin Care Center from liability and assume full responsibility thereof.				
Patient Signature:				
Date:				