Confidential Treatment Questionnaire Form

your best skin

Name____

Medications	Past	Present	Circle Frequency
Accutane			AM / PM / Both
Antibiotic - oral			AM / PM / Both
Antibiotic - topical			AM / PM / Both
Benzoyl Peroxide			AM / PM / Both
Clindamycin			AM / PM / Both
Differin			AM / PM / Both
Duac / Benzaclin			AM / PM / Both
EpiDuo			AM / PM / Both
EpiQuin			AM / PM / Both
Retin-A / Tretinoin / Atralin / Avita			AM / PM / Both
Steroids			AM / PM / Both
Sulphur			AM / PM / Both
Tazorac			AM / PM / Both
Thyroid Medication			AM / PM / Both
Vitamins / Supplements			AM / PM / Both
Birth Control -			
Other -			
Other -			

Current Home Care Routine (please write the product name below)

	AM	PM
Cleanser		
Toner		
Serum		
Medication		
Moisturizer / SPF		
Makeup		
Mask		
Other		

Current or Previous Treatments

- Botox / Filler
- Dermabrasion or Scar Revision
- Electrolysis
- Facials
- Laser / Hair Laser
- Microdermabrasion
- Peels
- Skin Cancer Removal
- Surgery
- Other______________________________

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Medical History

- Cold Sores
- Diabetes
- Eczema / Psoriasis
- High Blood Pressure
- HIV
- Lupus
- Pregnancy / Nursing
- Thyroid
- Other____________________________________

Allergies

- Aspirin
- Foods
- Seasonal
- Sulphur
- Product______________________________
- Other_________________________________

What are your personal skin concerns? (check all that apply)

- Blackheads
- Whiteheads
- Pimples/Pustules
- Cysts
- Redness
- Sensitive Skin
- Dry, Flaky, Dehydrated Skin
- Oily Skin
- Sun Damage
- Shaving Irritation / Razor Bumps
- Dark Spots / Discolorations
- Rough Texture

How would you describe your skin? (oily, dry, rough, sensitive, etc)

____

____

____

Lifestyle

- Do you smoke?
- Do you pick your skin?
- Do you exercise regularly?
- Are you under stress?
- Do you use fabric softener or dryer sheets?
- Do you travel or fly frequently?
- Do you sleep at least 8 hours every night?
- Do you swim or use hot tubs frequently?
- Does acne run in your family?
- Do you have a dermatologist?
- Name____________________________________

What type of work do you do?

____

Diet

Do you regularly eat any of the following?

- Dairy products (milk, cheese, yogurt)
- Fast foods
- Kelp / Seaweed
- Peanuts / Peanut butter
- Salt
- Soy products
- Sugar (more than usual)

What is your alcohol intake?

- None
- Seldom
- Moderate
- Daily (more than 2 drinks)

Why do you think you are breaking out?____

What results do you expect?____

Are you available and willing to come for treatments - when is the best day and time for you?

____

How did you discover **your best skin**? ____