



SKINCARE QUESTIONNAIRE

Name _____

Date of last facial _____

	NO	YES	IF YES, PLEASE EXPLAIN
<i>Pregnant</i>	_____	_____	_____
<i>Taken Accutane within the past 12 months</i>	_____	_____	_____
<i>Used Retin-A, Renova or any powerful Alpha Hydroxyl acids within the past 3 months</i>	_____	_____	_____
<i>Have you had a skin peel in the past 6 months</i>	_____	_____	_____
<i>Adverse reaction to any cosmetic products</i>	_____	_____	_____

What are your skin concerns and challenges?

What products are you currently using on your skin?

Daytime _____

Evening _____

Weekly/Special Treatments _____

Patient Signature _____ *Date* _____