



Patient Questionnaire

Name: _____

Date: _____

1. What concerns would you like to address today? Wrinkles, pigmentation, enlarged pores, other (please explain).

2. What other procedures are you interested in learning about?

Chemical Peels Hydrafacial Microderm Dermaplaning Skin Care

Other: _____

3. Please tell us what you are using on your skin now: cleanser, toner, moisturizer, spf etc

4. Are you taking any medications? Are you taking any supplements? Please list below.

5. Have you recently taken any antibiotics? If so, for what reason.

6. Are you pregnant or trying to become pregnant? _____

7. Have you recently had a baby? If so, how long post-partum are you? Are you breastfeeding?

8. Have you ever been prescribed Accutane? If yes, how long since you have discontinued use?

9. Do you have any know allergies?

10. Please list any procedures, surgeries, and information about your health history below.
