Northland Plastic Surgery
The Skin Care Center

CLIENT SKIN CARE QUESTIONNAIRE

NAME: _____ DATE: _____

How did you learn about our skin care services? _____

SKIN MANAGEMENT

1. What would you like to change about your skin? _____

_____

2. What skin care products are you using currently? *List below -*

_____ _____

_____ _____

3. What results are you experiencing with these products? _____

_____

4. Have you ever consulted with a physician for your skin? ☐ Yes ☐ No *If yes, please answer the following -*

a. Physician's Name: _____ b. What condition was treated? _____

c. Have you ever taken Accutane? ☐ Yes ☐ No *If yes, list dates* From: _____ To: _____

d. What other medications and treatments have you used?

Medications:	Dates Used:	Results:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you ever get cold sores? ☐ Yes ☐ No

6. Have you ever had a skin sensitivity or allergy? ☐ Yes ☐ No *If yes, please give more information below -*

Description of the Skin Irritant: Describe the Reaction:

_____ _____

_____ _____

7. Have you previously had any of the following?

Chemical Peel: ☐ Yes ☐ No Date: _____

Laser Resurfacing: ☐ Yes ☐ No Date: _____

Facial Surgery: ☐ Yes ☐ No Date: _____

SKIN CONDITION

1. Do you experience facial blemishes? *Mark all that pertain and provide information on how often -*

Pimples: _____ How Often: _____ White Heads: _____ How Often: _____

Pustules: _____ How Often: _____ Black Heads: _____ How Often: _____

Cysts: _____ How Often: _____ Acne Scars: _____ How Often: _____

2. Have you ever had pigmentation of the skin during pregnancy or while on medications? ☐ Yes ☐ No

LIFESTYLE

1. What is your stress level? High: ____ Moderate: ____ Low: ____
2. Do you work outdoors, or spend significant time in the sun? ☐ Yes ☐ No
3. Do you use a sunblock when outdoors? ☐ Yes ☐ No

FEMALE CLIENT/HORMONES

1. Are you currently taking hormones? Oral Contraceptives: ☐ Yes ☐ No Estrogen/Progesterone: ☐ Yes ☐ No
2. Are you pregnant or lactating? ☐ Yes ☐ No

Client Signature: _____ Date: _____

Skin Care Specialist Signature: _____ Date: _____