



Name: _____ DOB: _____ Age: _____ Sex: _____

Preferred Pronoun: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social History:

Children: _____ Yes, How many? _____ Occupation: _____

Tobacco Use: None _____ Smoker, how many packs per day? _____ For how long? _____

Alcohol Use: None _____ Yes, how many drinks per week? _____ For how long? _____

Bleeding Problems: _____ Yes _____ No HIV: _____ Yes _____ No Hepatitis: _____ Yes _____ No Type: _____

Current Medications (Please list ALL medication NAME and DOSAGE below)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

NO MEDICATIONS

Drug/Food Allergies (Please list ALL)

1. _____
2. _____
3. _____
4. _____
5. _____

NO ALLERGIES

About You:

- What is your hereditary background? (circle all that apply) Nordic / Scandinavian / Irish / English / Asian / Mediterranean / Hispanic / Native American / Middle Eastern / African American / Other _____
- Natural eye color: _____
- Natural hair color: _____
- Do you consider your skin (circle the best option): Sensitive / Resilient / Unsure
 - Describe your skin (circle all the apply): Normal / Dry / T-Zone/Combination / Thick / Thin / Saggy / Firm / Oily / Acne / Comedones/Blackheads / Milia / Cysts / Breakouts / Acne-scarred / Large pores / Small pores / Rosacea / Eczema / Freckled / Sun-damaged / Melasma / Hyperpigmentation / Hypopigmentation / Uneven/Blotchy / Mature / Wrinkled / Patchy dryness / Sallow / Psoriasis / Dehydrated/Lacking moisture / Asphyxiated / Telangiectasia/Broken surface capillaries
- What are the changes you'd most like to see in your skin? _____

Lifestyle:

- Are you pregnant or lactating? ___ No ___ Yes
- Do you wear contact lenses? ___ No ___ Yes (Remove contacts if eyes are sensitive.)
- Do you currently have a sunburned/windburned/red face? ___ No ___ Yes Why? _____
- Are you in the habit of going to tanning booths? ___ No ___ Yes (If within past 14 days, decline treatment. This practice should be discontinued due to increased risk of skin cancer and signs of aging.)
- Do you participate in vigorous aerobic activity or sports? ___ No ___ Yes What type? _____
- On average, how many hours per week do you spend outdoors? _____

Medical/Treatment History:

- Do you currently use depilatories or wax? ___ No ___ Yes (Discontinue use five days pre- and post-treatment.)
- Have you had a chemical peel or any type of procedure with a medical device? ___ No ___ Yes Within the last 14 days? ___ No ___ Yes What type? _____
- Do you have regular collagen, Botox® or other dermal filler injections? ___ No ___ Yes (Peels should precede or follow injections by two days to prevent movement of the filler or stinging at the injection site.)
- Have you recently had laser resurfacing or facial surgery? ___ No ___ Yes

Describe _____ When? _____

- Are you currently taking any medications, topical or otherwise? ___ No ___ Yes (Tretinoin/Retin-A® /Renova® /Differin® /Tazorac® /Avage® / EpiDuo™/Ziana®)

Which one(s)? _____

For how long? _____







What strength? _____

(High percentages of certain ingredients may increase sensitivity. Discontinue use five days before and after treatment. Consult your physician before discontinuing use of any prescription.)

- Are you currently using any topical retinoid prescriptions? ____ No ____ Yes
- Have you ever undergone Accutane® therapy (isotretinoin)? ____ No ____ Yes (If you are currently using Accutane® therapy (isotretinoin), please consult with your dispensing physician.)
- Do you develop cold sores/fever blisters? ____ No ____ Yes Last breakout? _____
- Are you allergic/sensitive to (circle all that apply) milk / apples / citrus / grapes / aloe vera / aspirin / perfumes / latex / hydroquinone / mushrooms? If any other allergies, what? _____
- Have you ever used any other products that caused a bad reaction? ____ No ____ Yes

Describe _____

Home Skincare Routine:

Do you wash your face? What do you use? Cleanser, oil, makeup wipes, etc. Do you know the brand?		
		
Do you use micellar water, toner, essence, face mist on the skin?		
Do you exfoliate regularly? Face scrubs, cleaning brushes/devices, microdermabrasion, dermaplaning, etc.		
		
What serums are you applying to the skin, if any? Hydrating serums, Vitamin C, AHA/BHA, Retinol, etc. Do you know the brand?		
Do you use face masks?		
What kind of moisturizer/lotion do you apply to the skin?		
		
Do you apply sunscreen daily? Do you reapply throughout the day? What kind/strength of SPF do you use?		
Any other products?		

Fitzpatrick Skin Typing Worksheet

Circle the answer to each question and write the corresponding number (0-4) in the box on the left. At the end of the quiz, add up all the numbers and determine the corresponding skin type.

SCORE		0	1	2	3	4
	What is the natural color of your eyes?	Light Blue, Gray or Green	Blue, Gray, or Green	Blue	Dark Brown	Brownish Black
	What is your natural hair color? (Prior to gray or white)	Sandy Red	Blond	Chestnut, Dark Blond	Dark Brown	Black
	What is the color of your unexposed skin? (stomach, thighs)	Reddish	Very Pale	Pale with Beige Tint	Light Brown, Olive	Dark Brown
	Do you have freckles on sun exposed areas? (lower arms, face)	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful Redness, Blistering, Peeling	Blistering Followed by peeling	Burns Sometimes Followed by Some Peeling	Rare Burns	Never Burns
	How easily do you turn brown or tan?	Hardly or Not at all	Light Color Tan	Reasonable/Moderate Tan	Tan Very Easily	Turn Dark Brown Quickly
	Do you turn brown or tan easily several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had a Problem
	When did you last expose your skin to the sun? (tanning bed, use of self-tanning creams, or sun-bathing)	More than 3 Months Ago	2 – 3 Months Ago	1 – 2 Months Ago	Less than 1 Month Ago	Less than 2 Weeks Ago
	Do you intentionally expose the area to be treated to the sun? (tanning bed, use of self-tanning creams, or sun-bathing)	Never	Hardly Ever	Sometimes	Often	Always

Total Score: _____

Fitzpatrick Skin Type: _____

- I - Always burns, extremely pale and never tans, red or blonde hair, light colored eyes
- II - Pale but somewhat tans and burns fairly easily
- III - Sometimes burns, mostly tans, has more of a "Light Olive" complexion
- IV - Rarely burns, almost always tans, has "dark olive" complexion
- V - Moderately pigmented (Indian, Hispanic, etc.)
- VI - African American