



Patient Information – Teen Facial

Name: _____ Date of Birth: ____/____/____

Phone: _____

Email: _____

How did you find us? _____

Have you been under the care of a physician, dermatologist or other medical professional within the past year? Yes/No If yes, please explain: _____

Do you take any medication? Yes/No If yes, which ones? _____

Do you use Retin-A, Renova, Glycolic Acid, AHA, Salicylic Acid, Retinol/ Vitamin-A derivative products? Yes/No If yes, which ones? _____

Have you used any of these products in the last 3 months? Yes/No

Have you used an acne medication? Yes/No If yes, which one and how often? _____

Do you form thick or raised scars from cuts or burns? Yes/No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes/No If yes, which one? _____

Do you have any allergies towards scented/unscented oils, lotions or creams? Yes/No If yes, please specify _____

Please circle if you ever had an adverse reaction after using any skin care product?

Rash Irritation Peeling Sun Sensitivity Breakout

Please circle if you have ever had an allergic reaction to any of the following?

Cosmetics Medicine Food Animals Sunscreens Iodine Pollen AHAs

Please explain: _____

Have you had any recent facial surgery, including plastic surgery? Yes/No If yes, which one? _____

Have you had or have cancer? Yes/No If so, what type? _____

If female, are you pregnant? Yes/No If yes, how many weeks? _____

Do you exercise? Yes/No How often? _____

What is your daily consumption of water? _____

What is your stress level? High / Medium / Low

Do you experience any problems sleeping? Yes/No

How many hours do you typically sleep each night? _____

Have you been exposed to the sun or used a tanning bed in the last 48 hours? Yes/No

How frequently are you exposed to the sun or use a tanning bed? Infrequently/Frequently

Do you have any metal implants or wear a pacemaker? Yes/No

Have you ever experienced claustrophobia? Yes/No

Do you suffer from sinus problems? Yes/No

