



Confidential Health Questionnaire

Name _____ Date of birth _____ Today's date _____
Street _____ City _____
State _____ zip code _____ email _____
Home _____ Mobile _____ Work _____
Please tell us how you heard about us _____
What is the reason for your visit today? _____

What areas of concern and interest do you have regarding your skin? _____

Are you currently under the care of a physician? Please describe _____

Please list any medications, including chemotherapy and radiation, you are taking _____

Please list any supplements you are taking _____

Do you wear contact lenses? _____

Have you recently received a chemical or AHA peel? Date _____

Do you smoke? _____ Are you on a special diet? Explain _____

Have you in the past or are you currently using Accutane? _____

Have you in the past or are you currently using Retin-A, Tazarac, Differin, Renova, or any form of retinol? _____

Are you currently using products containing glycolic acid, salicylic acid, or lactic acid (AHAs/BHAs) Hydroquinone or Triluma? _____

Do you have any allergies/sensitivities to food, cosmetics, or drugs? Explain _____

Please circle all that apply, currently or in the past:

- | | | |
|-------------------------|---------------------|------------------|
| Asthma | Hepatitis | Heart Problems |
| Aids/HIV | Allergies | Psoriasis |
| Eczema/Hives | Herpes | Pacemaker |
| Epilepsy/Seizures | High Blood Pressure | High Cholesterol |
| Headaches | Warts/Skin Tags | Skin Disease |
| Immune Disorder | Skin Cancer | Sinus Problems |
| Urinary/Kidney Problems | Other Cancer | Trouble Sleeping |

Are you currently on any mood altering or anti-depression medication? Yes ___ No ___

If you answered yes, please list medication _____

Please list any other health concerns you may have _____

I have answered the above questions truthfully and to the best of my ability.

Signed _____ Date _____