

NAME: _____

DATE: _____

MY SKIN
PRESCRIPTION
BY RENÉE ROULEAU

How did you hear about Renée Rouleau Skin Care? (Check all that apply)

- Repeat Customer
- Friend: _____
- Driving/Walking By
- Magazine
- Received A Gift Certificate
- Internet
- Twitter
- Facebook
- TV
- Other _____

Do you have a gift certificate? Circle: YES or NO _____
If yes, how much and what is it for?

Have you purchased products from www.ReneeRouleau.com before? Circle: YES or NO

Your age: _____ Gender: Male or Female Your birthday (MM/DD/YYYY): _____
We'll send you a special birthday gift!

Email Address: _____

Best Contact Phone Number: _____ Circle One: CELL HOME WORK

Alternative Phone Number: _____ Circle One: CELL HOME WORK

Mailing Address: _____
STREET CITY STATE ZIP

What are your skin concerns? (Check All That Apply:)

- Acne and Blemishes
- Oiliness
- Brown/Sun Spots
- Clogged Pores/Blackheads
- Loss of Tone/Lack of Firmness
- Redness/Sensitivity
- Rosacea
- Easily irritated by products/Sensitive
- Dehydration (feels tight)
- Dryness (feels tight and is flaky)
- Lines and Wrinkles
- Large Pores
- Age Prevention/ Keeping skin healthy
- Other: _____
- No Other Concern

Do you have any of these issues? *(Check all that apply)*

- Under Eye Puffiness
- Broken Capillaries
- Other: _____
- Dark Circles
- Milia (hard white bumps on the skin, commonly found around the eyes)
- Post-Breakout Marks

How Oily or Dry is Your Skin? *(Check One)*

- Oily year round
- Normal year round
- Combination year round
- Combination in the summer, normal in the winter
- Oily in the summer, combination in the winter
- Dry year round
- Combination (t-zone oil) yearround
- Normal in the summer, dry in the winter

How often do you get blemishes? *(Check One)*

- Never (this is not an issue for me)
- Occasionally (a few a month)
- Daily (a new blemish appears every day)
- Rarely (once in a while)
- Often (approximately one per week)
- Often (approximately 2-3 breakouts per week)
- Occasionally (once a month or less)

What type of blemishes do you get most often? *(Check all that apply)*

- Cysts (hard, sore "underground" blemishes under the skin that rarely surface)
- Pustules (red, inflamed, traditional "zits" that usually surface)
- Whiteheads/Closed Comedones (non-sore, clogged bumps under the skin)
- Other: _____

Where do you get the majority of your blemishes? *(Check One)*

- Forehead
- Cheeks
- Chin/Jaw Line/Neck
- Nose
- Back
- Other: _____

What is your skin tone? *(Check One)*

- Very Fair
- Medium
- Dark
- Fair
- Medium-Olive
- Very Dark

How often do you wear sunscreen on your face? *(Check One)*

- 365 days a year
- Only in the spring/summer | Only when outdoors
- Other: _____

How often do you get facials, peels or other skin care treatments? *(Check One)*

- Monthly
- Every other month
- Every change of season
- When I receive a gift certificate
- Special occasions (birthday, wedding, class reunions, etc.)
- When I think my skin needs it
- When I want to be pampered/relaxed
- When I'm in town visiting
- Other: _____

Do you get any of these professional treatments? *(Check All That Apply)*

- Chemical Peels, *how often?* _____
- Laser Treatments, *how often?* _____
- Injectable Fillers, *how often?* _____
- Other _____

Are you using any topical prescription treatments on your skin? *If so, describe...*

Do you have any skin allergies or is there anything else you would like us to know?

When it comes to caring for your skin at home, which statement best describes you? *(Check One)*

- I barely use anything on my skin
- I use cleanser and moisturizer
- I use cleanser, toner and moisturizer
- I use cleanser, toner and moisturizer and occasionally will add in an extra product or two. (For example, mask, serum, scrub, peel or eye cream)
- I use a full routine, complete with serums, masks and eye cream

What skin care products do you use at home? *(Brand names if you can provide them)*

Daytime

Evening

Cleanser: _____

Cleanser: _____

Toner: _____

Toner: _____

Moisturizer: _____

Moisturizer: _____

Other: _____

Other: _____

Do you smoke? *(Check One)*

- No Occasionally Yes

Do you prefer extractions when you have a professional facial? *(Check One)*

- Yes, my skin needs a lot of extractions
 Yes, but only if my skin needs it
 No, I prefer not to have extractions

FOR OFFICE USE ONLY

Esthetician Name: _____

Skin Concern #1 _____

Skin Type #: _____

Skin Concern #2 _____

Entered in System: Initials: _____

Skin Concern #3 _____