

## Modern Dermatology and Aesthetics Skin Wellness Interview

Email Address \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Ethnic Background: (circle one of the choices below)

Caucasian African-American Hispanic Asian Eastern Indian American Indian

Please list any health conditions you are experiencing: \_\_\_\_\_

Have you ever taken or are you currently taking: Retin-A Accutane Differin Tazorac

Are you on any topical or oral antibiotics? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

How many times a week do you exercise: \_\_\_\_\_ Do you smoke? Yes or No

Please circle your level of stress: 1 2 3 4 5 6 7 8 9 10

How many hours of sleep do you get per night? (on average) \_\_\_\_\_

How many 8 oz glasses of water do you drink each day? \_\_\_\_\_

How much caffeine do you consume each day? \_\_\_\_\_

What is your average weekly consumption of alcohol? \_\_\_\_\_

Please list all supplements and medications that you take: \_\_\_\_\_

Please list the skincare products and cosmetics that you use: \_\_\_\_\_

How much UV exposure do you get (sun, tanning beds, commuting in car) ? \_\_\_\_\_

Do you have any of the following or have concerns with any of the following?

Scars Stretch Marks Hyper-pigmentation Hypo-pigmentation

Do you suffer from?

Blackheads Acne Whiteheads Rosacea  
Milia Oiliness Eczema Dehydration  
Vein Problems Cellulite Psoriasis Where: \_\_\_\_\_

Have you ever received the following treatments?

Facials Waxing Chemical Peels Microdermabrasion  
Lash/Brow Tint Vein Treatments Laser Hair Removal Laser Surgery

Please circle the one that applies to you:

- I. Always burns, never tans
- II. Always burns, tans less than average
- III. Sometimes burns, tans average
- IV. Rarely burns, tans with ease
- V. Moderately pigmented, always tans
- VI. Deeply pigmented, never burns