



# The Skin Inn Confidential Skin Health Questionnaire

## Client Information

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Referred by \_\_\_\_\_

Have you been treated for: (please circle)  
 Acne Depression Skin Disease Cancer  
 High Blood Pressure Diabetes  
 Do you smoke? \_\_\_\_\_  
 List of all allergies \_\_\_\_\_  
 List all medications you are currently taking  
 \_\_\_\_\_  
 Pregnant? \_\_\_\_\_ Trying to get pregnant? \_\_\_\_\_  
 Hormone therapy? \_\_\_\_\_ Prone to cold sores? \_\_\_\_\_  
 Used Retinols/Retin A in the last 72 hours? \_\_\_\_\_  
 Allergic to aspirin/shellfish/sulfur? \_\_\_\_\_

## Personal Information

Circle your current level of stress: 1 2 3 4 5 6 7 8 9 10  
 Ounces of water you drink daily? \_\_\_\_\_ Supplements/Vitamins? \_\_\_\_\_  
 Do you exercise? \_\_\_\_\_ If so, how often? \_\_\_\_\_ Your last sunburn? \_\_\_\_\_ Do you use tanning beds? \_\_\_\_\_  
 When you go out in the sun, do you (circle one):  
 Always burn Usually burn Sometimes burn Rarely burn Very rarely burn Never burn  
 Have you ever been under the treatment plan of a:  
 Dermatologist \_\_\_\_\_ Plastic surgeon \_\_\_\_\_ Esthetician \_\_\_\_\_  
 Have you had post cosmetic injectables within the past 2 weeks? \_\_\_\_\_  
 What skin line are you currently using? \_\_\_\_\_  
 Do you use a daily environmental protection product (sunblock)? \_\_\_\_\_  
 Circle how you feel about the overall quality of your skin: (bad) 1 2 3 4 5 6 7 8 9 10 (fantastic)  
 Your skin type is? (please circle only one): Normal Dry/Dehydrated Oily Acne/Acne Prone Rosacea  
 In order of importance, please rank 1 (most important) to 5 (least important) improvement in the next 30 days:  
 \_\_\_\_\_ Reduction of fine lines \_\_\_\_\_ Reduction of brown spots/sun damage \_\_\_\_\_ Reduction of redness  
 \_\_\_\_\_ Reduction of oil/acne \_\_\_\_\_ Acne scars diminished

## Consent

\_\_\_\_\_ By initialing here, I hereby give my consent and authorization voluntarily and release The Skin Inn from any claims, implied or stated that I have or may have in the future with this treatment, regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

\_\_\_\_\_ By initialing here, I understand that if I have any questions, concerns or comments regarding my skin or the treatment(s) that I receive, I should contact The Skin Inn at 772-546-1222

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

