

REJUVENATE!

SKIN HEALTH AND HISTORY

NAME: _____ DATE _____

My Skin and the Sun

As a child I..burned in the sun Always Sometimes Rarely Never
As an adult I burn in the sun **without sunscreen** Always Sometimes Rarely Never
As an adult I burn in the sun **with sunscreen** Always Sometimes Rarely Never
I use sunscreen everyday Yes No What SPF? _____
I tan in the summer Yes No
I use a tanning bed Yes No

My Skin and Skin Care Products

I use Retin A or Renova Yes No
I use an Alpha Hydroxy Acid Yes No
I use Vitamin C or Peptides on my skin Yes No
I would describe my skin as sensitive Yes No

My Skin's Qualities

I have moles on my face Yes No Describe _____
I have moles on my body Yes No Describe _____
Have any of the moles changed in the last 6 months? If yes, describe _____

The Changes I would like to see in my skin

I would like to see : Less breakouts Even Color Improved Texture

Less wrinkles Skin Tightening

To improve my skin I am willing to provide: minimal amount of effort at home
 moderate amount of effort at home
 'I'm committed' amount of effort at home

To improve my skin I am willing to be in the clinic: As needed
 As often as my schedule permits
 When I can afford it(I need a budget)

Clinician Signature _____