

Skincare Intake Form

Name: _____

Briefly describe your skincare regimen and products you are currently using: _____

Please circle if you have recently used any of the following Medications:

Adapalene Aiol AltinacZiana Antibiotics Anti-Histamines Anti-Inflammatories Avage Avita
BenzacAC Brevoxyl Differin Epiduo GlycolicAcid/Alphahydroxys Hydroquinone Isotred
Isotrexin Metrogel ObagiNudermtretinoin RetinAmicro RetinA/renova Roaccutane Stieva-A
Stievimycin Tazorac Tetricvetm Tretinix Tretinoin Tri-luma VitaminC Zorac

Any other medications not listed above? _____

(*This is not a complete representation of all the retinoids/topical medications available; however please answer to the best of your ability.)

Have you taken any ORAL Medications listed below with the last 12 months? Yes No

Accutane Claravus sotret Roacutane Amnestein

Please list any other medications that are not listed above: _____

Have you had any of the following: (Circle)

Dermatitis ChemicalPeels FacialImplants GlycolicAcid/AlphaHydroxys KeloidScarring
LaserResurfacing MajorSugery/CosmeticProcedure SkinCancer Tattoos/PermanentMakeup

Other: (pleasespecify): _____

Do you have any known allergies to the following: (Circle)

Aspirin Fruits(papaya,pineapple) Milk Shellfish

What areas are you looking to improve? (Circle)

Acne AcneScarring Burnsor/scars EnlargedPores FineLinesandWrinkles Vitiligo

Hyperpigmentation(brownsports) Melanoma/Moles StretchMarks

Other: _____

SkinType:(Circle) Dry Normal Oily Combination

Specific Skin Concerns: (Circle)

Blackheads/Whiteheads BrokenCapillaries Burns/Scars CongestedPores DiffusedRedness

Discomfort Eczema EnlargedPores ExcessiveDryness IngrownHairs Itchiness LackFirmness

Oily Psoriasis RazorBumps ReactiveSkin ReddenEasily Sensitive

