



215 Forest Park Circle Panama City, FL 32405 *Office 850-215-5657

CONFIDENTIAL SKIN EVALUATION SURVEY

Name: _____ Date of Birth: ____/____/____ Intake Date: ____/____/____

Address: _____ Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Your Occupation _____ Employer: _____

Emergency Contact-Name: _____ Relationship: _____
Address: _____ Phone (____) _____

Who referred you to this office? _____

Please list your current Dermatologist/Physician: _____

Please provide a brief explanation of your reason for today's visit and any concerns you may have:

****Please rank your number One and number Two issues:**

- ___ Dullness • ___ Dark Spots • ___ Wrinkles • ___ No Concerns
- ___ Sensitivity: All the time or Only under certain circumstances?
- ___ Breakouts: Less than 5 per month or More than 5 per month?

****Please check any other issues of concern:**

- ___ Wrinkles • ___ Premature aging • ___ Sun Damage • ___ Scars
- ___ Stretch marks • ___ Saggy skin • ___ Puffy skin • ___ Dry Skin
- ___ Oily Skin • ___ Redness • ___ Splotchy • ___ Rash or itchy
- ___ Precancerous conditions • ___ Other _____

SKIN HEALTH SURVEY (Continued)

Is your skin: Normal to Dry or Normal to Oily?

Is your skin tone: Fair Medium Dark

Are you Pregnant or nursing? Yes No

Do you have any other skin conditions? _____ Yes No
If yes, please explain: _____

Do you have any allergies to food, herbs, plants, trees, seafood, cosmetics or drugs? Yes No
Please list _____

Are you presently taking medications (oral or topical)? Yes No
Please list _____

Are you taking hormone replacements? Yes No What type? _____

Do you smoke? Yes No

Daily fluid intake (glasses/day) Water ____, Coffee/Tea ____, Soft Drinks ____, Alcoholic Drinks ____

How would you rank your level of general stress experienced (1 Low to 10 High)? _____
Please describe _____

Have you had any type of cancer? Yes No
Please describe _____

Are you presently under a Physician's care for any current skin condition or problem? Yes No
Please describe _____

Are you interested in receiving 10% off and FREE SHIPPING in our Preferred Customer Program? Yes No

I understand that the information herein is to aid my skin conditioning and repair service and is confidential.

Client's Signature

Date