Kleinert, Kutz and Associates **Skin Evaluation Form**
Plastic, Cosmetic and Aesthetic Service

Patient Name:______________________________**Date:**______________

Have you ever seen a physician for your skin? ❑ Yes No Why?______________________________

Have you had any of the following? **What skin care products are you using?**

Chemical Peel ❑ Yes ❑ No Cleanser______________________________
Laser Resurfacing ❑ Yes ❑ No Toner______________________________
Dermabrasion ❑ Yes ❑ No Moisturizer______________________________
MicroDermabrasion ❑ Yes ❑ No Sunscreen______________________________
Facial Surgery ❑ Yes ❑ No Skin Lightener/Vitamin C______________________________
Cold Sore ❑ Yes ❑ No Exfoliating scrub, mask or buff puff ______________________________

Do you have any problems healing from a cut or burn? ❑ Yes ❑ No Explain: ______________________________
Do you ever use depilatories or waxes on your face? ❑ Yes ❑ No When last used? ______________________________
Have you ever taken Accutane®? ❑ Yes ❑ No Date last used? ______________________________
Do you wear contact lenses? ❑ Yes ❑ No
What topical medications have you used on your skin? ❑ Retin-A® ❑ Hydroquinone ❑ Effudex ❑ Other (list all topical antibiotics, OTC acne remedies, Hydrocortisone, etc.)______________________________

Skin Type:

Does your skin ever flake or feel tight and dry? ❑ Frequently ❑ Occasionally ❑ Rarely
Is your skin ever shiny after cleansing? ❑ Frequently ❑ Occasionally ❑ Rarely
How often do you experience blackheads or blemishes? ❑ Frequently ❑ Occasionally ❑ Rarely
How noticeable are your pores? ❑ Very ❑ T-zone ❑ Not very
Do you have a history of: ❑ Pimples ❑ White heads ❑ Blackheads ❑ Acne scars ❑ Acne cysts
Do you only experience breakout during or around you menstrual cycle? ❑ Yes ❑ No
Have you ever had a skin allergy or sensitivity? (rash, irritation, peeling, swelling, hives, etc.) ❑ Yes ❑ No
What was the cause? ______________________________
Do you “flush” or “appear reddened” when you eat spicy food, drink alcohol, get angry or go in the sun? ❑ Yes ❑ No

Pigmentation (Fitzpatrick Scale):

Pigmentation: ❑ Even ❑ Uneven ❑ Birthmark ❑ Pregnancy Mask ❑ Freckles ❑ Age Spots
How do you tan? ❑ I Burn ❑ II Usually Burn ❑ III Sometimes Burn
❑ IV Rarely Burn ❑ V Never Burn-”Brown” ❑ VI Never Burn “Black”
What is your ethnic origin? ______________________________

Vascularity (telangiectasia or broken capillaries):

❑ Nose area ❑ Cheek area ❑ Chin area ❑ Forehead ❑ Entire face

Facial Wrinkles:

Do you have: ❑ Deep wrinkles ❑ Crows feet ❑ Fine lines
Have you been treated with: ❑ Botox ❑ Collagen ❑ Restylane ❑ other injectables Date: ______________

Sun History:

Do you spend a lot of time outdoors? ❑ Yes ❑ No ______________________________
Do you ever use a tanning bed? ❑ Yes ❑ No ______________________________
Do you currently wear a sun protection product all day, everyday? ❑ Yes ❑ No ______________________________
Have you or any member of your family had skin cancer? ❑ Yes ❑ No ______________________________

What is your primary concern?______________________________
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