IMAGE
SKINCARE

CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

DATE
NAME
ADDRESS
CITY/STATE/ZIP
HOME PHONE
WORK PHONE
CELL
EMAIL
OCCUPATION
REFERRED BY

DATE OF BIRTH AGE FAMILY PHYSICIAN
DO YOU SMOKE? HOW OFTEN? LIVING WITH A SMOKER?
HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)
○ ACNE ○ DEPRESSION ○ SKIN DISEASE ○ HIGH BLOOD PRESSURE
○ COLD SORES ○ DIABETES ○ CANCER
LIST OF ALL ALLERGIES
LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING
ARE YOU PREGNANT? TRYING TO GET PREGNANT? HORMONE THERAPY?
ARE YOU PRONE TO COLD SORES?

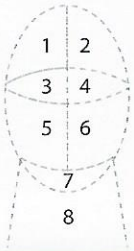
PERSONAL INFORMATION

CIRCLE YOUR CURRENT LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10
CIRCLE YOUR NORMAL LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10
HOW MANY OUNCES OF WATER DO YOU DRINK DAILY? DO YOU TAKE SUPPLEMENTS/VITAMINS?
DO YOU EXERCISE? IF SO, HOW OFTEN: YOUR LAST SUNBURN? DO YOU USE TANNING BEDS?
WHEN YOU GO OUT INTO THE SUN, DO YOU (CHECK ONE):
○ ALWAYS BURN (I) ○ USUALLY BURN (II) ○ SOMETIMES BURN (III) ○ RARELY BURN (IV) ○ VERY RARELY BURN (V) ○ NEVER BURN (VI)
HAVE YOU EVER BEEN UNDER THE TREATMENT PLAN OF A:
○ DERMATOLOGIST ○ PLASTIC SURGEON ○ AESTHETICIAN ○ WOULD YOU BE INTERESTED IN COSMETIC SURGERY?
IF YES, WHAT PROCEDURE?

ARE YOU CONCERNED ABOUT SKIN CONDITIONS ON YOUR BODY? (CHECK ALL THAT APPLY)
○ SUN SPOTS ○ SKIN LAXITY ○ DRY / ROUGH
WHAT SKIN LINE ARE YOU CURRENTLY USING?
DO YOU USE A DAILY ENVIRONMENTAL PROTECTION PRODUCT (SUNBLOCK)? IF NOT, WHY?
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 CHECK 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 OIL/ACNE
___ ACNE SCARS DIMINISHED
___ REDUCTION OF REDNESS



○ 1 LEFT FOREHEAD
○ 2 RIGHT FOREHEAD
○ 3 LEFT EYE AREA
○ 4 RIGHT EYE AREA
○ 5 LEFT CHEEK
○ 6 RIGHT CHEEK
○ 7 CHIN
○ 8 NECK

TREATMENT PLAN (TO BE COMPLETED BY PHYSICIAN/AESTHETICIAN)

PROFESSIONAL TREATMENT RECOMMENDATION

○ O² LIFT ○ THE SIGNATURE FACELIFT® PEEL ○ WRINKLE LIFT® PEEL ○ BETA LIFT™ PEEL ○ TCA ORANGE PEEL®
○ ORMEDIC LIFT™ PEEL ○ LIGHTENING LIFT® PEEL ○ ACNE LIFT® PEEL ○ PERFECTION LIFT™ PEEL ○ IMAGE FACIAL

THANK YOU FOR COMPLETING THIS CONFIDENTIAL QUESTIONNAIRE.
THIS INFORMATION WILL ALLOW YOUR PROFESSIONAL SKINCARE SPECIALIST TO PROVIDE THE OPTIMUM IMAGE PRODUCTS AND SERVICES.

SIGNATURE: **DATE:**

Age later™