



KESPRA MEDICAL CENTER

22 Meridian Rd, Suite 10 Edison, NJ 08820

Confidential Skin Health Survey

Please Print:

Today's Date _____

First Name _____

Last Name _____ Date of Birth ____/____/____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone H (____) _____ Work (____) _____

Cell (____) _____

Dermatologist/Physician _____

Phone (____) _____

Emergency Contact _____

Phone (____) _____

Your Occupation _____

Email _____

Referred By

Friend Mailer Newspaper Magazine Ad other

Esthetician Name _____

1. Is this your first facial?

Yes No

2. What is the reason for your visit today?

Tazarac Glycolic or Alpha-hydroxy Acids

3. What special areas of concern do you have?

4. Are you presently under a physician's care for any current skin condition or other problem?

Yes No

Please Describe _____

5. Are you pregnant?

Yes No

If so, how frequently? _____

6. Are you taking birth control pills?

Yes No



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7. Hormone replacement?

- Yes No

Please list _____

8. Do you wear contact lenses?

- Yes No

9. Do you smoke?

- Yes No

10. Do you often experience stress?

- Yes No

11. Have you had skin cancer?

- Yes No

12. What products do you use presently?

- Soap Cleansing milk Toner Scrub
 Mask Creams Sunscreen Other

13. Are you now using (or used in the past):

- Azelex Differin Renova Retin-A

If so, when and for how long? _____

14. Are you now using or have you ever used Accutane?

- Yes No

If so, when and for how long? _____

15. Do you have acne?

- Yes No

Experience frequent blemishes?

- Yes No

15. Do you have any allergies to cosmetics, foods, or drugs?

- Yes No

If so, what type? _____

16. Are you presently taking medications –oral or topical?

- Yes No

If so, what type? _____

Please circle if you are affected by or have any of the following:

- | | | | | |
|------------------------|------------------|----------------------------|--|--------|
| Asthma | Hepatitis | | | |
| bone, pins, or plates | Cardiac problems | | | Metal |
| Pacemaker | | Eczema | | Herpes |
| blood pressure | | | | High |
| Psychological problems | Epilepsy | | | |
| Hysterectomy | | Sinus problems | | |
| Fever blisters | | Immune disorders | | |
| Skin diseases –other | | Headaches-chronic | | |
| Lupus | | Urinary or kidney problems | | |

Please explain above problems or list any significant others:



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Help Us Treat You the Right Way.....

Skin type is often categorized according to the Fitzpatrick Skin Type Scale which ranges from very fair (skin type I) to very dark (skin type VI). Genetic disposition, individual reaction to sun exposure and tanning habits are considered. **Please mark the Score (0-4) and then add the scores on the right side of the page.**

Genetic Disposition

What is the color of your eyes?

0 - Light blue\Gray\Green 1 - Blue\Gray\Green 2 - Blue 3 - Dark Brown 4 - Brownish Black Score: _____

What is the natural color of your hair?

0 - Sandy Red 1 - Blonde 2 - Auburn/ light Blonde 3 - Dark Brown 4 - Black Score: _____

What is the color of your skin (non-exposed areas)?

0 - Reddish 1 - Very Pale 2 - Pale w/Beige Tint 3 - Light Brown 4 - Dark Brown Score: _____

Do you have freckles on unexposed skin?

0 - Many 1 - Several 2 - Few 3 - Incidental 4 - None Score: _____

Total Score for Genetic Disposition: _____

Reaction to Sun Exposure

What happens when you stay too long in the sun?

0 - Painful redness, blistering, peeling 1 - Moderate redness, blistering followed by peeling
2 - Mild burn sometimes followed by peeling 3 - Rare Burns 4 - Never had burns Score: _____

To what degree do you turn brown?

0 - Never 1 - Light color tan 2 - Reasonable tan 3 - Tan easy 4 - Tans darkly quickly Score: _____

Do you turn brown within several hours after sun exposure?

0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always Score: _____

How does your face react to the sun?

0 - Sensitive 1 - Seldom 2 - Sometimes 3 - Normal 4 - Resistant Score: _____

Total score for Reaction to Sun Exposure: _____

Tanning Habits

How many months ago was your body last exposed to sun, tanning light or tanning cream?

0 - More than 3months 1 - 2-3months 2 - 1-2months 3 - Less than a month 4 - 2 weeks Score: _____

Has the area to be treated ever been exposed to the sun?

0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always Score: _____

Total score for Tanning Habits: _____

Skin type score	Fitzpatrick Skin Type
0 to 7	I
8 to 16	II
17 to 25	III
25 to 30	IV
over 30	V - VI

Total score of 3 sections: _____

Fitzpatrick SKIN TYPE _____



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I understand that the services offered are not a substitute for medical care, and any information provided by the aesthetician is for educational purpose only and not diagnostic or prescriptive in nature. I understand that the information contained is to aid the aesthetician in giving better service and is completely confidential.

Policies:

1. Professional consultation is required before initial dispensing of products.
2. We do not give cash refunds
3. We require a 24-hour cancellation notice.

I fully understand and agree to the above policies.

Patient Signature

Date