PROFESSIONAL CHEMICAL PEELS
Questionnaire

Laboratoire Dr Renaud

☐ MR. ☐ MRS. ☐ MS. ☐ OTHER _____

FIRST AND LAST NAME | AGE | DATE

HEALTH OF YOUR SKIN

How would you describe your skin?	☐ Dry ☐ Oily ☐ Mixed ☐ Sensitive
How does your skin react to the sun?	☐ It always burns ☐ It turns red and then tans ☐ It tans easily
Do you go to tanning salons? ☐ Yes ☐ No	☐ If yes, how often? _____
Do you suffer from any of the following conditions?	☐ Psoriasis ☐ Eczema ☐ Dermatitis ☐ Herpes (cold sores) ☐ Skin rash or hives ☐ Lupus ☐ Vitiligo ☐ Other: _____
Do you take medications or use topical products ☐ Yes ☐ No	☐ Retin A _____ % ☐ Renova ☐ Differin ☐ Glycolic acid 5 % and + ☐ Accutane ☐ Antibiotics ☐ Tazorac ☐ High concentration AHA If yes, how long ago? _____

Are you pregnant?	☐ Yes	☐ No	Do you receive any of the following aesthetic treatments?
Are you breastfeeding?	☐ Yes	☐ No	☐ Laser treatments ☐ IPL
Are you menopausal?	☐ Yes	☐ No	☐ Microdermabrasion ☐ Facial hair removal
Do you have regular periods?	☐ Yes	☐ No	☐ Injections
Do you suffer from a hormone imbalance?	☐ Yes	☐ No	Date of last treatment: _____

WHAT ARE YOUR SKIN PROBLEMS AND CONCERNS?

☐ Wrinkles and skin sagging	☐ Prevention of ageing	☐ Brown spots
☐ Dull complexion	☐ Redness/rosacea	☐ Skin sensitivity and/or dryness
☐ Dehydration	☐ Acne	☐ Skin shininess, open pores
☐ Eye contour area	☐ Sun damage	☐ Neck and décolleté
☐ Hands and lips	Comments: _____	

AT-HOME CARE ROUTINE

For makeup removal and skin cleansing	Morning Evening
For skin protection	Morning Evening
More specific products	Exfoliant Mask Serum Other