CHEMICAL PEEL
Questionnaire

Pro-Derm

◯ MR. ◯ MRS. ◯ MS. ◯ OTHER _____

FIRST NAME LAST NAME

AGE DATE

Please fill out the questionnaire so that we can better advise you about the range of Pro-Derm products and customize your skin care plan.

How would you describe your skin type?	◯ Dry ◯ Oily ◯ Mixed (oily/dry) ◯ Sensitive
How does your skin react to the sun?	◯ It always burns ◯ It turns red and then tans ◯ It tans very easily
Do you go to tanning salons?	◯ Yes. How often? _____ ◯ No
Do you suffer from any of the following conditions?	◯ Psoriasis ◯ Eczema ◯ Dermatitis ◯ Herpes (cold sores) ◯ Skin rash/hives ◯ Lupus ◯ Vitiligo ◯ Other:
What medications or topical creams are you currently using?	_____
Do you use vitamin A acid (Retin-A)?	◯ Do you use vitamin A acid (Retin-A)? _____ Since when? _____
Have you ever used Accutane?	◯ Yes. How long ago? _____
Do you do facial hair removal?	◯ Yes. When was the last time? _____ What was the type of procedure? _____
Do you suffer from a hormone imbalance?	◯ Yes ◯ No
Do you have regular periods?	◯ Yes ◯ No ◯ Menopausal
Have you ever been pregnant?	◯ Yes ◯ No
What types of skin problems do you have?	◯ Sun damage ◯ Brown spots ◯ Melasma ◯ Freckles ◯ Redness/ rosacea ◯ Wrinkles ◯ Other: _____
Are you receiving any of the following esthetic treatments?	◯ Laser ◯ IPL ◯ Microdermabrasion ◯ Injections