

# Skinprint Questionnaire

Today's Date: \_\_\_\_\_

## Client Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

## About Your Skin

What is your primary concern? \_\_\_\_\_

What problems have you experienced in the past? \_\_\_\_\_

What are you short-term skin goals? (Less than 3 months) \_\_\_\_\_

What are you long-term skin goals? (Greater than 6 months) \_\_\_\_\_

Do you feel like you have sensitive skin? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have you ever experienced an allergic reaction to skin products? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have you undergone any skin care procedures in the last 6 months? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

Are you currently on any prescription medications for your skin? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

Do you have occasional or recurring skin problems? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Are you experiencing them now? \_\_\_\_\_

## About Your Current Products

What products do you currently use? **Please list brand name, frequency, and duration.**

Results?

<input type="checkbox"/> Cleanser		<input type="checkbox"/>
<input type="checkbox"/> Exfoliant		<input type="checkbox"/>
<input type="checkbox"/> Toner		<input type="checkbox"/>
<input type="checkbox"/> Moisturizer		<input type="checkbox"/>
<input type="checkbox"/> Sunscreen		<input type="checkbox"/>
<input type="checkbox"/> Treatment Serum		<input type="checkbox"/>
<input type="checkbox"/> Eye Cream		<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>
<input type="checkbox"/> Makeup		<input type="checkbox"/>

Do you prefer light, quickly absorbing products (lotions, etc), or richer, substantial products (creams, etc)? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you spend a lot of time in the sun? \_\_\_\_\_

Do you actively utilize tanning beds? \_\_\_\_\_

Have you had dental work, other than a routine cleaning, in the last 6 months? \_\_\_\_\_

Have you had an illness in the last 6 months? \_\_\_\_\_

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.