

# 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)? \_\_\_\_\_



## About Your Current Routine

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? \_\_\_\_\_

For Certified Skinprint Analyst Use