

Aesthera Deep Pore-cleansing Patient Medical History

Name _____ Date _____
Age _____

Acne Questionnaire

Please help us to better understand your skin condition by providing us with the following information:

Please check if applicable (more than one is acceptable)

Where are your acne lesions more prevalent?

1. Forehead Chest Peri-oral Nose/
 Cheeks Back

2. Who in you family has had acne?

- Mother As a teenager As an adult
 Father As a teenager As an adult

3. How old were you when you started having acne?

4. How frequently are your breakouts?

5. Do you have scarring? Yes No

Skincare (fill in)

6. What skin care products do you currently use?

Cleanser _____ how long? _____

Toner _____ how long? _____

Moisturizer _____ how long? _____

Sunscreen _____ how long? _____

7. Which products did you use previously?

Cleanser _____ how long? _____

Toner _____ how long? _____

Moisturizer _____ how long? _____

Sunscreen _____ how long? _____

8. Why did you stop using the previous products? _____

Do you get facials? __ Yes __ No

If yes, how often? _____

Ptprevious treatments and medications

9. Have you been treated by a physician for your acne

__ Yes __ No If so when and by whom? _____

10. What over the counter topical medications have you tried?

Benzoyl Peroxide Result _____

Other Result _____

Other Result _____

Other Result _____

11. Which Prescription topical medications have you tried?

Cleocin T Result _____

Differin Result _____

Retin-A Result _____

Tazorac Result _____

Azelex Result _____

Other Result _____

12. Which of the following have use used?

Acctane Result _____

Doxycycline Result _____

Minocin Result _____

Tetracycline Result _____

Aldactone Result _____

Other Result _____

Other Result _____

Female Patients

13. Do you wear foundation make-up? Yes No

If yes, what brand? _____

How do you apply it? fingers sponge

14. Do you have regular menstrual periods? Yes No

15. Do you notice breakouts on or around your period?

Yes No

If yes explain _____

16. Are you pregnant? Yes No

17. Are you taking birth control pills? Yes No

If yes has it made you acne better? worse?

Please explain _____

18. Is there anything else we should know about your health?

