Derma Oasis Aesthetics

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**CLIENT QUESTIONNAIRE**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | **When** | **How Long** | **Medication** | **When** | **How Long** |
| Antibiotics |  |  | Androstendione |  |  |
| Accutane |  |  | Testosterone |  |  |
| Benzoyl Peroxide |  |  | Progesterone |  |  |
| Retin A |  |  | Thyroid |  |  |
| Cream or Gel? |  |  | Gonadotrophin |  |  |
| Tazorac |  |  | Danzol |  |  |
| Differin |  |  | Cyclosporin |  |  |
| Azelex |  |  | Lithium |  |  |
| Avita |  |  | Isoniazid |  |  |
| Cleocin-T |  |  | Immuran |  |  |
| E-mycin-T |  |  | Disulfuram |  |  |
| Copaxone |  |  | Dilantin/Tegretol |  |  |
| Cortisosteroids |  |  | Steroids |  |  |
| Quinine |  |  | Marijuana |  |  |
| Other Meds |  |  | Cocaine/Speed |  |  |

**Please check all that apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Herpes Simplex |  | HIV / AIDS |  | Hemophilia |  |
| Eczema |  | Thyroid Problems |  | Lupus |  |
| Psoriasis |  | Hormone Problems |  | Anemia |  |
| Hepatitis |  | Hysterectomy |  | High Blood Pressure |  |
| Cancer |  | Ovary(ies) Removed |  | Diabetes |  |
| StaphInfection/MRSA |  | Pacemaker |  | Metal Pins in Boday |  |
|  |  |  |  |  |  |

**Your Primary Care Physician:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you under a dermatologist’s or other skin physician’s care?**

If yes, doctor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIFESTYLE CONSIDERATIONS**

1. Have you ever had any reaction to any products or anything you have put on your face? Yes □ No □

If yes, what products? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please check any of these you are allergic to: Sulfur □ Aspirin □ Latex □

List any other allergies you know of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you smoke? Yes □ No □

4. Do you use fabric softener or fabric softener sheets in the dryer? Yes □ No □

5. Do you swim in a chlorinated pool? Yes □ No □

6. Do you work around chemicals, tars, oils, grease or inks? Yes □ No □

7. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you work nights? Yes □ No □

8. Are you currently under a lot of stress? Yes □ No □ (common stress = job loss, new job, wedding, romantic breakup, death in the family or close friend, graduation, difficult home life, long commute, heavily scheduled)

9. Women: Do you use birth control pills, shots or use an IUD? Yes □ No □

If so, which do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What brand of pill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant or nursing? Yes □ No □

10. Men: Do you have shaving irritation? Yes □ No □

What do you use for shaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Diet – do you consume the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Foods** |  | **How often / week** | **Foods** |  | **How often / week** |
| Fast Food |  |  | Peanuts |  |  |
| Processed Food |  |  | Sushi |  |  |
| Salty Snacks |  |  | Kelp and Seaweed |  |  |
| Milk/Yogurt |  |  | Miso Soup |  |  |
| Cheese |  |  | Soy |  |  |
| Whey or Soy Protein |  |  | Vitamins |  |  |
| Peanut Butter |  |  | Seafood |  |  |

**PRODUCTS CURRENTLY USING – Provide Product Names**

|  |  |
| --- | --- |
| Cleanser |  |
| Toner |  |
| Serums |  |
| Moisturizers |  |
| Sun Protection |  |
| Mask |  |
| Foundation |  |
| Blush |  |
| Exfoliants (acids or scrubs) |  |
| Acne Medications |  |
| Anything Else? |  |

**OTHER TREATMENTS – What Else Have You Done For Your Skin In The Last 90 Days?**

|  |  |  |
| --- | --- | --- |
| Glycolic/Lactic/Mandelic Peels | **When?** | **Where?** |
| Other Chemical Peels |  |  |
| What kind: |  |  |
| Microdermabrasion |  |  |
| Dermabrasion |  |  |
| Laser Hair Removal |  |  |
| Laser Rejuvenation/ Resurfacing |  |  |
| Skin Cancer Removal |  |  |
| Facial Waxing |  |  |
| Electrolysis |  |  |
| Other: |  |  |

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_