

# **Women's Health Partners Skincare Skin and Health Questionnaire**

Pamela Campbell, DO, FACOG  
Salina Green, MD, FACOG  
Jamie Joyce, MD, FACOG  
Madeline Giacalone, DO  
Kristin Wald, WHNP-BC  
Janice Eisleben, WHNP-BC

Please answer the following questions thoroughly and completely, as this provides a better understanding of your general health, lifestyle and skin care concerns; thereby enabling the best treatment and home care recommendations.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive our monthly email specials?

Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Let us thank the person who referred you \_\_\_\_\_

## **Skin Care History**

If there was something you could change or improve about your skin, what would it be?

---

What else? Please check all that apply:

- Discoloration (Brown Spots, Pregnancy Mask or Melasma)
- Fine Lines & Wrinkles
- Dry, Flaky Skin
- Oily Skin
- Acne/Breakouts
- Acne Scarring
- Enlarged Pores
- Rosacea
- Dilated Capillaries
- Redness (Reactive Skin)
- Uneven Texture
- Sun Damage
- Loss of Facial Contours
- Lax or Sagging Skin
- Dark Under-Eye Circles

What type of skin do you think you have? Dry Normal Combination  
Oily Sensitive

If oily, are you oily throughout the cheek area? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a history of acne? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, are you using or have you ever used any medications for  
acne? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, name of medication\_\_\_\_\_

Do you sunbathe or participate in outdoor activities?

Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had a reaction to any skin care product or cosmetic?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please

list\_\_\_\_\_

What skin care do you currently use? Specify brand and if used AM  
or PM

Cleanse:\_\_\_\_\_

Prevent:\_\_\_\_\_

Correct:\_\_\_\_\_

Moisturize:\_\_\_\_\_

Protect:\_\_\_\_\_

Please check if you are currently using or have used any of the  
following:

- Retinol
- Glycolic Acid
- Lactic Acid
- Salicylic Acid
- Citric Acid
- Resorcinol
- Benzoyl Peroxide (BPO)
- Hydroquinone
- Tretinoin (Retin A®, Renova®, Refisa®)
- Topical Antibiotics
- Topical Steroids
- Adapalene (Differin®)
- Azelaic Acid (Azelex®, Finacea®)
- Isotretinoin (Accutane®)

Have you ever, or are you currently receiving skin treatments?

Yes\_\_\_\_\_ No\_\_\_\_\_

Have you had any of the following?

- Chemical Peels
- Laser Resurfacing
- Facial Cosmetic Surgery
- Facial Injectibles
- Permanent Cosmetics
- Light Treatments
- Microdermabrasion
- Dermaplaning
- Extractions
- Electrolysis
- Laser Hair Removal
- Waxing

If yes, when was your last treatment?

Were there any complications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

**General Health**

Are you currently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please discuss contraindications of any pre-existing medical conditions with your doctor.

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list

here \_\_\_\_\_

**Female Clients**

Are you on hormone – replacement therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or breast feeding? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, due date \_\_\_\_\_

Please check the following conditions you have, or have had, in the treatment area:

- Dermatitis
- Eczema
- Psoriasis
- Keloid Scarring
- Open Sores or Lesions
- Cold Sores/ Fever Blisters
- Actinic Keratosis

Are you allergic to aspirin? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you allergic to sulfa? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have any known allergies, please list them:

Is there anything else that should be known before starting your treatment? \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Women's Health Partners Skincare Payment Policy

We accept cash, Visa, MasterCard, and Discover.

You are responsible for paying services rendered the day of your treatment.

A service fee of \$30.00 will be charged to patient for any returned checks.

A 48 hour notice is requested for cancellations or reschedules. If you do not show up for an appointment or call to cancel before your appointment time, it is considered a NO SHOW appointment. This will result in a \$50.00 charge. If appointments are consistently missed, we may refuse future services. In the case of inclement weather, we understand that a patient may need to cancel an appointment.

In the event that your account is turned over to a collection agency, you are responsible for any and all related attorney and/or collection fees.

I have read, and understand, all of the above terms and assume full responsibility for paying and service charges and finance charges according to these terms.

Signed \_\_\_\_\_ Date \_\_\_\_\_