

Maxillofacial and Facial Aesthetic Surgery, Ltd. Skin Rejuvenation Questionnaire

Name: _____ Date of Exam: _____ Age: _____

The following information provided by you will help us to better evaluate your skin. Please answer the following questions accurately and honestly to assure that the treatment rendered will be safe, and most effective for your skin type. Your skin will be categorized on the Fitzpatrick Skin Type scale, which ranges from very fair to very dark. The three main factors that influence skin type, and the treatment program created for you are: ***Genetic Disposition, Reaction to Sun Exposure, and Tanning Habits***

Social History

Do you smoke? **Yes / No** Packs per day? _____ How many years? _____
 Do you drink caffeine? **Yes / No** Daily intake: _____
 Do you drink alcohol? **Yes / No** How often? _____

Please answer the following questions carefully and honestly

- | | | |
|--|------------|-----------|
| 1. Have you taken birth control pills?
Start: _____ Stop: _____ | Yes | No |
| 2. Have you taken Hormone Replacement Therapy?
Start: _____ Stop: _____ | Yes | No |
| 3. Do you experience herpetic skin eruptions/cold sores?
How often are your eruptions? _____ | Yes | No |
| 4. Have you ever had head, face, or neck radiation treatments?
Diagnosis: _____ Last treatment: _____ | Yes | No |
| 5. Have you ever had Microdermabrasion or Chemical Peels?
Date: _____ Facility: _____ Type/Percent: _____ | Yes | No |
| 6. Do you, or have you used topical Retinoid? Start: _____ Stop: _____ | Yes | No |
| 7. Do you, or have you used Hydroquinone? Start: _____ Stop: _____ | Yes | No |
| 8. Do you currently, or have you taken Accutane? Start: _____ Stop: _____ | Yes | No |
| 9. Have you ever been diagnosed with Melasma or Hyperpigmentation?
When were you diagnosed? _____ Treatment(s): _____ | Yes | No |
| 10. Have you ever had a Keloid or Hypertrophic scar?
Location of Scar _____ Treatment(s): _____ | Yes | No |
| 11. Ethnic background: _____ | | |
| 12. How would you describe your skin type? Dry Oily Combination Normal | | |
| 13. Do you currently have a skin care regimen? Please list current skin care: _____ | Yes | No |
| 14. What are your expectations from Dr. Haddle? _____

_____ | | |

Fitzpatrick Skin Type Quiz: *Please circle the best choice for each question*

Genetic disposition:

	0	1	2	3	4
Your eye color?	Light Blue/ Grey/ Green	Blue/ Grey/ Green	Blue	Dark brown	Brownish black
Natural hair color?	Sandy/ Red	Blonde	Chestnut/ Dark blonde	Dark brown	Black
Non-exposed skin color?	Reddish	Very Pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total for Genetic Disposition _____

Reaction to Sun Exposure:

	0	1	2	3	4
When happens when you stay in the sun too long?	Painful redness, blistering, peeling.	Blistering, followed by peeling.	Burns, sometimes followed by peeling.	Rarely burns.	Never burns.
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly
Do you turn brown within several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total for Reaction to Sun Exposure _____

Tanning habits:

	0	1	2	3	4
When did you last exposure your skin to sun, artificial tanning or self-tanner?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total for Tanning Habits _____

This Section is for Staff Use Only

_____ Genetic Disposition
 _____ Reaction to Sun Exposure
 _____ Tanning Habits
 _____ **Total**

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V

Fitzpatrick Skin Type: _____ Glogau Classification: _____

Physician signature: _____ Date: _____