ARCONA

LOS ANGELES

Please answer the following questions so that we may understand your current skin condition and offer you the best possible analysis and skin treatment. This information will be held confidential and shared only with your skin care specialist, unless otherwise requested.

name

☐ MALE ☐ FEMALE

email

phone

age

address

birthdate

Please check if you have recently used any of the following medications.*

- ☐ RETIN A/RENOVA
- ☐ GLYCOLIC ACID/ ALPHA HYDROXYS
- ☐ ISOTREXIN
- ☐ TRETINOIN
- ☐ ISOTREX
- ☐ ADAPALENE
- ☐ ALTINAC ZIANA
- ☐ TRETIN.X
- ☐ STIEVA-A
- ☐ AIROL
- ☐ TAZORAC
- ☐ OBAGI NU-DERM TRETINOIN
- ☐ METROGEL
- ☐ BENZAC AC
- ☐ VITAMIN C
- ☐ HYDROQUINONE
- ☐ DIFFERIN
- ☐ RETRIEVE TM
- ☐ ROACCUTANE
- ☐ EPIDUO
- ☐ RETIN-A MICRO
- ☐ REFISSA
- ☐ STIEVIMYCIN
- ☐ AVITA
- ☐ AVAGE
- ☐ ZORAC
- ☐ TRI-LUMA
- ☐ BREVOXYL

*This is not a complete representation of all the retinoids/topical medications available, however, please answer to the best of your ability.

Have you taken any ORAL Medications listed below within the last 12 months?

- ☐ ACCUTANE
- ☐ ROACCUTANE
- ☐ CLARAVUS
- ☐ AMNESTEEN
- ☐ SOTRET

Have you had any of the following?

- ☐ LASER RESURFACING
- ☐ GLYCOLIC ACID/ ALPHA HYDROXYS
- ☐ SKIN CANCER
- ☐ DERMATITIS
- ☐ KELOID SCARRING
- ☐ CHEMICAL PEELS
- ☐ OTHER (SPECIFY) ____________________

Do you have any known allergies to asprin, fruits (papaya, pineapple), shelfish, milk or any other ingredients/products?

☐ YES ☐ NO

If answered “Yes”, which product or cosmetic

____

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Which conditions do you want to improve?

- ☐ HYPER PIGMENTATION (BROWN SPOTS)
- ☐ ACNE
- ☐ ACNE SCARRING
- ☐ SUN DAMAGE
- ☐ ENLARGED PORES
- ☐ FINE LINES & WRINKLES
- ☐ AGE SPOTS

Skin Type

- ☐ OILY
- ☐ DRY
- ☐ COMBINATION
- ☐ NORMAL

Specific Skin Concerns

- ☐ SENSITIVE REDDEN
- ☐ EASILY REACTIVE
- ☐ SKIN DIFFUSED
- ☐ REDNESS PSORIASIS
- ☐ LACK OF FIRMNESS
- ☐ RAZOR BUMPS
- ☐ INGROWN HAIRS
- ☐ EXCESSIVE DRYNESS
- ☐ ECZEMA
- ☐ BROKEN CAPILLARIES
- ☐ OILY
- ☐ ITCHINESS
- ☐ DISCOMFORT
- ☐ CONGESTED PORES
- ☐ ENLARGED PORES
- ☐ BLACKHEADS/WHITEHEADS
- ☐ OTHER SKIN IRREGULARITIES (SPECIFY)? ______________________

Hyperpigmentation: Cause

- ☐ PREGNANCY
- ☐ BIRTH CONTROL PILLS
- ☐ ANTIBIOTICS
- ☐ SUN EXPOSURE
- ☐ ACNE LESIONS
- ☐ PICKING

How long have you had this hyperpigmentation condition ______________________

Do you use skin lighteners (Hydroquinone)? ☐ YES ☐ NO

Type of sun protection you currently use

- ☐ CLOTHES
- ☐ HAT
- ☐ SUN GLASSES
- ☐ SUNSCREEN

Do you sunbathe or participate in other outdoor activities? ☐ YES ☐ NO

Skin Texture

- ☐ COARSE
- ☐ WRINKLES
- ☐ THIN
- ☐ THICK

Skin Deterioration

- ☐ FINE LINES
- ☐ WRINKLES
- ☐ FURROWS
- ☐ BROWN SPOTS

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Acne Conditions

Do you have acne or are currently being treated for this condition? ☐ YES ☐ NO

If yes, which condition?

☐ PUSTULES	☐ PAPULES	☐ COMEDONES
☐ NODULES	☐ CYSTS	☐ MILIA

Are you using or have you ever used medications for acne? ☐ YES ☐ NO

Question		
Have you seen a Dermatologist in the past year?	☐ YES	☐ NO
Have you ever had Herpes (cold sores)?	☐ YES	☐ NO
Have you ever been treated with Zovirax TM/Valtrax TM or any Herpes medication?	☐ YES	☐ NO
Do you have Epilepsy or Diabetes? If answered "yes", you will need a doctor's certificate for the use of certain products and treatments.	☐ YES	☐ NO
Are you presently under a physician's care for any reason?	☐ YES	☐ NO
Do you use Biore or Snore Strips?	☐ YES	☐ NO
Do you take nutritional supplements?	☐ YES	☐ NO
Have you had any facial waxing or electrolysis in the past week? Wait 5 days before and after hair removal treatment	☐ YES	☐ NO

Female Clients Only

Question		
Are you on hormone replacement therapy?	☐ YES	☐ NO
Are you presently taking birth control pills?	☐ YES	☐ NO
Are you pregnant or planning to be?	☐ YES	☐ NO

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LOS ANGELES

DATE	TREATMENT	RX RECOMMENDATIONS

ARCONA

LOS ANGELES

date

treatment

RX RECOMMENDATIONS

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