



Cosmetic Consultation

Name: _____ Date: _____

Information for your cosmetic care

Goals for skin improvement (Please fill in the circles which apply to you):

- Less breakouts Even color Improved texture Less wrinkles
 More youthful skin Other _____

My skin is Normal Dry Sensitive Oily Combination

Broken Capillaries: Yes No Do you feel on area is typically more reddened than any other on your body? _____

Brown spots: Yes No Where are they located? _____

Acne or random breakouts (Please check all that apply to you):

- Pimples Whiteheads Blackheads Enlarged pores Acne scars
 Cyst Flakiness

Other skin problems: Yes No

If yes, please describe: _____

Patient History

Previous Treatments received: _____

Primary care Physician: _____

Allergies:

Foods: _____

Skin: _____

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Lactating? Yes No

Hyperpigmentation during Pregnancy Yes No

Are you experiencing Menopause at this Time Yes No

Typically do you have/did you have breakouts around your menstrual period? Yes No

As a child I sunburned: Always Sometimes Never

As an adult I sunburn: Always Sometimes Never

Sun Spots on hands, arm, or face: Yes No

I use sun screen daily: Yes No If yes, what is the SPF? _____

I tan in the summer: Yes No I use tanning beds: Yes No

Do you exercise? Yes No If yes, how many times per week? _____

Product I Use

Cleanser AM & PM Yes No Which cleanser do you use? _____

Toner AM & PM Yes No What's the name of the toner? _____

Moisturizer AM & PM Yes No What's the name of the moisturizer? _____

Retin A or Renova Yes No How often do you use these products? _____

An Alpha Hydroxy Acid Everyday Yes No

Vitamin C or other Vitamins on skin Yes No How often do you use this treatment? _____

Products I like more than others: _____

Jordan Valley

D e r m a t o l o g y

Your Score		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black
	What is your eye color	Light blue, gray, or green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black
	What is the color of sun exposed skin areas?	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown
	How many freckles on unexposed skin areas?	Several	Many	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burn, sometimes followed by peeling	Rarely Burns	Never has a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly Ever	Sometimes	Often	Always
	Total					

Total Your Score

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI

Tell us a little about your concerns.

Please make notes on the figures to let us know how we can help you achieve your anti-aging goals.


