

Maxillofacial and Facial Aesthetic Surgery, Ltd.

Kevin R Haddle, MD

Skin Rejuvenation Patient Questionnaire

Patient's name: _____ Date of Exam: _____ Age: _____

Social History:

Smoke (if so, how much): _____

Caffeine (daily intake): _____

Alcohol (weekly intake): _____

1. Are you now or have you ever taken birth control pills or hormone replacement therapy? **Yes** **No**
If yes, when started? _____ Stopped? _____
2. Do you ever get herpetic skin eruptions or cold sores? **Yes** **No**
If so, how often? _____
3. Have you ever had radiation treatment to your face and/or neck for any reason? **Yes** **No**
If yes, what reason? _____
4. Have you ever had microdermabrasion or a chemical peel? **Yes** **No**
If so, when, where, and what type? _____

5. Are you currently using prescription or over-the-counter retinoids or have you ever used them? **Yes** **No**
If yes, when started? _____ Stopped? _____
6. Do you currently use hydroquinone or have you used this in the past? **Yes** **No**
7. Are you currently using or have used Accutane in the past? **Yes** **No**
If yes, when started? _____ Stopped? _____
8. If known, what is your ethnic background? _____
9. How would you describe your skin type: **Dry, Oily, Combination, Normal?**
10. Do you currently have a skin care regimen? Please list the products you currently use: _____

11. What are your expectations from Dr. Haddle? _____

Fitzpatrick Skin Type Quiz:

Mark 0 through 4 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	Chesnut / 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

Reaction to Sun Exposure:

	0	1	2	3	4
What happens when you stay in the sun too long?	Pain, 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 after 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

Tanning habits:

	0	1	2	3	4
When did you last expose your body to sun or tanning booth/creams	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 areas to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Which of the following best describes your skin type? Please circle one:

- 1- always burn, never tan
- 2- always burn, sometimes tan
- 3- sometimes burn, usually tan
- 4- rarely burn, tan
- 5- moderately pigmented skin, tan very easily
- 6- deeply pigmented skin, never burn

Please leave the rest blank, Dr. Haddle will complete your skin type:

_____ Total score for Genetic Disposition
 _____ Total score for Reaction to Sun Exposure
 _____ Total score for Tanning Habits

_____ **Skin Type Score**

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

Examination:

Blood pressure: _____ Pulse: _____ Temp: _____

Any additional notes: _____

