



INTERNAL MEDICINE

SKIN CARE QUESTIONNAIRE

Have you even been referred to a dermatologist? Yes / No

If yes, what skin concerns were being treated? _____

Have you ever used prescription skin care products? Yes / No

If yes, please indicate any prescriptions received: _____

What skin concerns do you have? (Circle all that apply)

- Acne
- Rosacea / redness
- Age spots / hyperpigmentation
- Fine lines and wrinkles
- Loss of firmness
- Eye area
- Dryness
- Sensitivity
- Other (please specify): _____

Do you sunbathe or use a tanning booth? Yes / No
If yes, how frequently?

Do you wear sunscreen?
Regularly / Sometimes / Never
What SPF do you use?

Do you have sensitive skin? Yes / No
If yes, have you ever reacted to any skin care
products? Yes / No
If Yes, please specify:

What skin type do you have? (Circle skin type)

- Normal
- Oily
- Dry
- Combination
- I'm not sure

On average how much time do you spend on your skin care routine? _____

What skin care products do you use on a regular basis? (Circle all that apply)

- Moisturizer
- Sunscreen
- Toner / astringent
- Cleanser
- Eye cream
- Facial scrub
- Retinol cream
- Makeup remover
- Other (please specify): _____

How did you hear about Obagi? Brio provider or staff / Social Media / Brio website / Friend

If referred by a friend, please print their name (ask us about the Friend Referral Program):
