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SKIN CARE QUESTIONNAIRE

Describe your skin (Please circle all that apply):

Acne Oily Normal Dry Sensitive Combination Enlarged Pores Scarring Pigmentation problems
Wrinkles (list where) _____ Broken Capillaries (list where) _____

Have you ever had any cosmetic procedures or laser treatments? _____

If yes, please specify types of treatment and dates (e.g., chemical peel, laser, Botox, dermabrasion or microdermabrasion): _____

Have you ever undergone treatment from a Dermatologist? If yes, please specify condition & treatment if any and name of Dermatologist: _____

Within the last 90 days, have you taken or used any of the following (please circle):

Retin A Accutane Antibiotics Laxatives Diuretics Alpha Hydroxy Acids

Have you ever experienced an allergic reaction to a skin care product? If so, what product? _____

Are you required to take Antibiotics prior to surgical or dental treatments? _____

Do you have any current skin problems? Please list _____

Please circle any health conditions which you have had or are now experiencing:

Psoriasis Cold Sores Hives Eczema Phlebitis Hypoglycemia Hysterectomy Radiation Therapy

What skin care products do you currently use? _____

What is your current skin care routine? _____

What concerns you most about your skin? _____

ACKNOWLEDGEMENT & TREATMENT CONSENT:

I acknowledge that the scope of my treatment is limited to minor skin concerns, cosmetics, and esthetically oriented services. It is in no way a substitute or replacement for care by a dermatologist for healthcare concerns outside the scope defined above. I remain responsible for my own dermatological medical care including but not limited to conditions such as skin cancer, melanoma, psoriasis or eczema, among others. I therefore hereby release Caroline Plamondon, MD and all of its employees or affiliates from all responsibility in connection with the diagnosis and treatment of such skin conditions.

I hereby authorize Caroline Plamondon, MD for treatment of cosmetic and minor skin care. I understand that I am financially responsible for services.

Signature: _____ Date: _____

Please note: It is extremely important to inform us during the course of your treatment of any changes in the usage of all medications including Accutane, Retin-A, and other prescribed topical medications. It is for your protection and safety. Thank you for answering our questions. The information in this questionnaire is strictly confidential.

The Fitzpatrick Skin-Type Chart

You can use this skin-type chart for self-assessment, by adding up the cores for each of the questions you've answered. At the end there is a scale providing a range for each of the six skin-type categories. Following the scale is an explanation of each of the skin types. You can quickly and easily determine which skin type you are.

Genetic Disposition

Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black
What is the natural colour of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the colour of your skin (non-exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total score for Genetic Disposition: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you say in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	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

Total score for Reaction to sun exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream?)	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a 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 score for Tanning habits: _____

Add up the total scores for each of the three sections for your Skin Type Score.

Skin Type Score – Fitzpatrick Skin Type

0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

Type I: Highly sensitive, always burns, never tans. Example: Red hair with freckles

Type II: Very sun sensitive, burns easily, tans minimally. Examples: Fair skinned, fair haired Caucasians

Type III: Sun sensitive skin, sometimes burns, slowly tans with light brown. Example: Darker Caucasians.

Type IV: Minimally sun sensitive, burns minimally, always tans to moderate brown. Example: Mediterranean type Caucasians, some Hispanics.

Type V: Sun insensitive skin, rarely burns, tans well. Example: Some Hispanics, some Blacks

Type VI: Sun insensitive, never burns, deeply pigmented. Example: Darker Blacks