



Acne History

Medication Allergies:

- 1) How long have you had acne? _____
- 2) Which areas of your body have acne breakouts? _____

- 3) Is there a family history of acne? (List their relationship) _____

- 4) Do you smoke? (List how much) _____
- 5) Do you wear SPF 30 sun-block on a daily basis? _____
- 6) Females: Are you trying to become pregnant? _____

When did you begin having periods? _____

Are your periods regular (without the use of birth control)? _____

Does your acne flare with your periods? _____
- 7) Is your skin dry, oily, or combination? _____

- 8) How would you describe your skin today (in terms of acne):
Better than normal, worse than normal, or typical? _____

- 9) Please list current oral medications. _____

- 10) Have you ever been treated by a doctor for acne? (List date of last visit) _____

- 11) If yes, what medications did he or she prescribe? (Please list the medications that had any benefit) _____

- 12) What over the counter products have you tried? (Please list the medications that had any benefit) _____

- 13) Are you sensitive to products containing benzoyl peroxides (i.e. Clearasil, oxy-pads, benzaclin)? Please describe the type of reaction you experienced.

- 14) Are you interested in oral medications for your skin, or would you prefer only topical? _____
- 15) What products are you currently using on your skin morning and night? (Include type of make-up if applicable) _____

