

**Debra Jaliman, MD**

**Skin Care Questionnaire**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Do you follow a structured skin care regimen today (Y) or (N)
  - a. If Yes – Describe your regimen: \_\_\_\_\_  
\_\_\_\_\_
2. Would you best describe your skin as oily, dry, or a combination? \_\_\_\_\_
3. How would you describe your skin’s sensitivity? ( ) LOW ( ) MODERATE ( ) HIGH
4. What are you primary skin related concerns/goals?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. Have you ever received cosmetic treatments such as lasers, facial fillers or Botox (Y) or (N)

**Facial Goals:** List the location of your area of concern on the line

- ( ) Fine lines and wrinkles \_\_\_\_\_
- ( ) Correct Facial Sagging, Eyebrow Droop, Improve jaw line definition \_\_\_\_\_
- ( ) Improve volume in areas (cheeks, lips, etc.) \_\_\_\_\_
- ( ) Correct facial wrinkles/creases \_\_\_\_\_
- ( ) Improve acne/rosacea \_\_\_\_\_
- ( ) Get rid of facial veins and /or redness \_\_\_\_\_
- ( ) Correct scaring \_\_\_\_\_
- ( ) Correct sunspots \_\_\_\_\_
- ( ) Correct precancerous spots \_\_\_\_\_
- ( ) Improve general appearance of skin tone/health \_\_\_\_\_
- ( ) Lengthen and thicken eye lashes \_\_\_\_\_

**Body Related Goals:** List the location of your area of concern on the line

- ( ) Remove unwanted areas of fat \_\_\_\_\_
- ( ) Remove tattoos \_\_\_\_\_
- ( ) Tighten loose skin on arms, and above knees \_\_\_\_\_
- ( ) Improve texture of skin (ex. Bumps on backs of arms) \_\_\_\_\_
- ( ) Manage chronic skin conditions (ex. Psoriasis, eczema) \_\_\_\_\_
- ( ) Remove unwanted areas of hair \_\_\_\_\_

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