

Skin Care Self-Evaluation Form for Your Visit with Dr. Sabean

This guide is designed to help you clearly identify your skin care needs so you can get the most out of a visit with Dr. Sabean. Just take a moment now to answer each question. A diagram has been included to chart your problem areas, so you and Doctor Sabean can determine how to keep your skin looking the best it can. Please bring this form with you to your appointment.

1. What do you like about your skin?

2. What is your current skin care routine?

(Include cleansing, moisturizing, anti-aging creams, skin and sun care products, and anything else you use.)

Morning

Routine: _____

Nighttime

Routine: _____

3. How would you describe your skin type?

Oily Dry Combination

4. Do you use sunscreen?

Every day When I know I'll be outside a lot
 Occasionally Never

5. Are you currently using an "anti-aging" cream or treatment?

Yes No

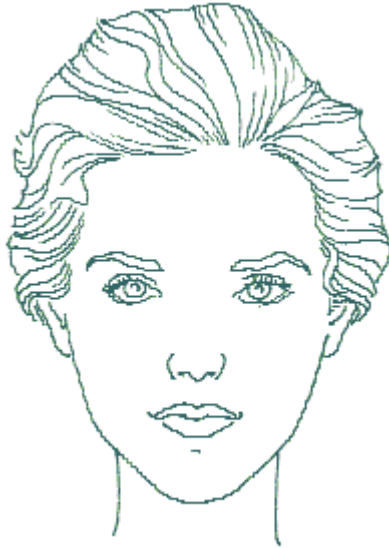
5a. If "Yes," please list which one(s).

6. Check off what you believe are "problem" areas on your skin. (Check as many as applicable.)

Fine lines/wrinkles Smile lines

- | | |
|--|---|
| <input type="checkbox"/> Rough texture | <input type="checkbox"/> Dark under-eye circles |
| <input type="checkbox"/> Brown spots | <input type="checkbox"/> Uneven skin tone |
| <input type="checkbox"/> Breakouts | <input type="checkbox"/> Sun damage |
| <input type="checkbox"/> Sagging skin | <input type="checkbox"/> Other _____ |

7. Using the key below, indicate your "problem" areas on the diagram below.



- Key:**
- X - Fine lines/wrinkles
 - S - Smile lines
 - - Rough texture
 - C - Dark under-eye circles
 - B - Brown spots
 - T - Uneven skin tone
 - ++ - Breakouts
 - D - Sun damage
 - // - Sagging skin
 - O - Other

Write in any thoughts or questions you have here:
