



Cosmetic Acupuncture Questionnaire

Name _____ Date _____

Please describe your main skin complaint.

What improvements would you like to see?

Please describe any skin sensitivities or allergies.

Please describe your current skin care regimen and products that you use. (toner, astringent, exfoliation, masks, ect.)

Do you wear makeup daily? Yes / No Do you wear sunscreen daily? Yes / No

What procedures have you had or are currently undergoing? (Botox, collagen, laser, micro-dermabrasion, surgery, post-partum, ect.) Please include dates.

Please describe any other skin conditions/issues you have.