
What face will you show to the future?

“Keeping yourself young, beautiful and vital is a matter of creating one healthy unified whole”

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There are many factors to consider before choosing effective skin products that enable me to better serve your individual skin care needs. Please check the appropriate boxes that best reflect you skin condition. The answers to the following questions will help guide us in developing your individualized skin care treatment program.

1. After I wash my face, it usually feel oily:

Before Noon After 4:00 p.m.
 After Noon Never

2. I would describe my skin as:

Dry Acne
 Sensitive Aging
 Blemished Asphyxiated
 Combination Normal
 Rosacea

3. I am dieting:

Yes No

4. I smoke:

Yes No

5. I use sunscreen:

Regularly Rarely

6. My level of stress is:

Low Average High

7. Do you have blemishes?

No Few Many

8. Does your skin become red and irritated?

No Sometimes Always

9. Does your skin have any dark spots or discoloration?

No Few Many

10. Are you using any of the following?

RetinA/Renova Alpha hydroxy products
 Vitamin C Accutane
 Topical medications

11. Are you currently experiencing any challenges with your skin? If so, please explain:

12. What are your primary skin care concerns?

13. I am interested in:

- Age management products
- Extra moisture and nourishment products
- Products and supplements designed for changing skin due to stress, travel, hormonal or illness.
- Products to prevent skin irritation after shaving
- Reducing skin discoloration or age spots.
- Products to help prevent and mitigate the causes of acne

Name: _____ Phone: _____ Alt. Phone _____

Address _____ City _____ State _____ Zip Code _____

E-Mail Address _____ Birth Date _____

How would you like to be contacted? E-mail Phone _____

Thank you for providing me with this helpful information. Please return this questionnaire to me for a free skin care evaluation and professional recommendations in helping you to achieve your specific skin care needs.

Sheila Sigecan



sheila@recaptureskincare.com