

Robert Kotler, M.D, Inc.
436 N. Bedford Drive, Suite 201
Beverly Hills, CA 90210
(310) 278 8721
www.robertkotlermd.com

Skin Type Questionnaire

Please place a checkmark (✓) next to your skin type.

Skin Type	Description	Reaction to sun
() I	Pale white or freckled	Always burns Never tans
() II	White	Usually burns Tans minimally
() III	White to light brown	Sometimes burns Tans uniformly
() IV	Moderate brown	Rarely burns Tans more than average
() V	Dark brown	Very rarely burns Tans easily and profusely
() VI	Very dark brown to black	Never burns

(Continued on the back side)

FACIAL REJUVENATION PATIENT QUESTIONNAIRE

- | | | | |
|-----|--|------------|----------|
| 1. | Are you now or have you ever taken birth control pills?
When did you start? _____ When did you stop?_____ | YES | NO |
| 2. | Do you regularly sunbathe?
If yes, do you tan easily?
Is the tan even or blotchy?_____ | YES
YES | NO
NO |
| 3. | Do you now or have you ever had kidney problems? | YES | NO |
| 4. | Have you ever had x-ray treatment to your face and/or
neck for acne or any other reason? | YES | NO |
| 5. | Have you ever had dermabrasion or a chemical peel?
If so, when? _____
Where?_____
By whom? _____ | YES | NO |
| 6. | Are you currently using, or have you ever used Retin-A?
When did you start? _____ When did you stop?_____ | YES | NO |
| 7. | Are you currently using, or have you ever used Accutane?
When did you start? _____ When did you stop?_____ | YES | NO |
| 8. | Are you currently using or have ever used thyroid pills,
female hormone pills or injections?
When did you start? _____ When did you stop?_____ | YES | NO |
| 9. | Do you ever get “herpes” skin eruptions or cold sores? | YES | NO |
| 10. | Of what ancestry are you? (English, Russian, etc.)
Maternal grandmother _____ Maternal grandfather _____
Paternal grandmother _____ Paternal grandfather _____ | | |