

Name \_\_\_\_\_  
Date \_\_\_\_\_

## Comprehensive Patient Acne Assessment

Current age \_\_\_\_\_ Age at which acne appeared / worsened \_\_\_\_\_

Degree of acne (circle one): mild moderate severe

Today, the acne is: better worse same as usual

Location of acne: back chest neck shoulders chin cheeks nose forehead

Is your face? oily dry sensitive (easily irritated)

Acne flares with: stress diet periods/hormones exercise / sweat other \_\_\_\_\_

Has any sibling or parent had severe acne (if so, who)? \_\_\_\_\_

Stress level: none 1 2 3 4 5 6 7 8 9 10 unbearable

Cause of stress \_\_\_\_\_

Sleep: hours per night \_\_\_\_\_ Interruptions per night \_\_\_\_\_

Do you go to sleep on a regular schedule (i.e. 10 p.m. every night)? \_\_\_\_\_

How much does acne affect you emotionally? Not bothered 1 2 3 4 5 6 7 8 9 10 unbearable

Exercise: Strength training times per week \_\_\_\_\_ duration \_\_\_\_\_

Flexibility times per week \_\_\_\_\_ duration \_\_\_\_\_

Cardiovascular times per week \_\_\_\_\_ duration \_\_\_\_\_

Are you involved in any sports? \_\_\_\_\_

Current acne treatments: \_\_\_\_\_

Previous treatments (please note if they helped or not, if possible) \_\_\_\_\_

Are you interested in?

\_\_\_\_ Topical creams / lotions only \_\_\_\_ Natural options \_\_\_\_ More aggressive therapy (pills)

Any other acne concerns? \_\_\_\_\_

Any problems with constipation? \_\_\_\_\_

Typical diet (please include ALL food consumed in one day and PLEASE be honest):

Breakfast \_\_\_\_\_

Snack \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Snack \_\_\_\_\_

Cups per day:

Milk \_\_\_\_\_ Fruit juice \_\_\_\_\_ Coffee \_\_\_\_\_

Soda \_\_\_\_\_ Gatorade / G2 \_\_\_\_\_ Tea \_\_\_\_\_

*Women Only:*

Any current birth control pills (brand)? \_\_\_\_\_

Do you have unwanted facial hair? \_\_\_\_\_

Menstrual cycle: regular irregular absent, due to \_\_\_\_\_

Does your acne flare depending on your cycle? \_\_\_\_\_