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_
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
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 onlyNatural optionsMore aggressive therapy (pills)
Any other acne concerns?
Any problems with constinction?
Any problems with constipation?
Typical diet (please include ALL food consumed in one day and PLEASE be honest):
Breakfast
Snack
Lunch
Shack
Dinner
Snack
Cups per day:
Milk Fruit juice Coffee
Milk        Fruit juice          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?