

All About You

Date: _____

Patient name: _____

Date of birth: _____

What is the main reason for your visit today?

I would like to be advised on:

- How I can look better for my age
- How I can change something that has been bothering me for years
- How I can look more attractive
- Other: _____

Have you had a consultation or treatment for a cosmetic procedure before?

- Yes
- No

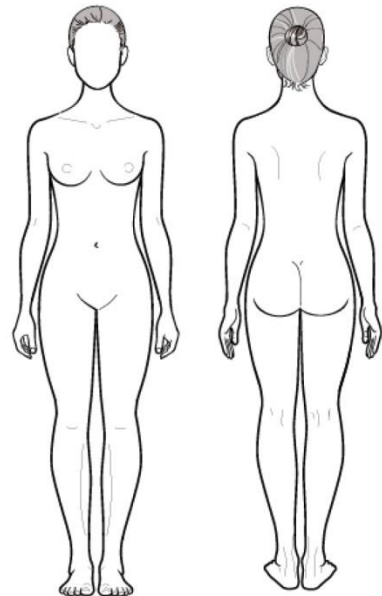
How often do you think about wanting a cosmetic procedure?

- Most days
- Weekly
- Monthly

Which three statements best reflect how you would like to look and feel after the treatment?

- I want to look less tired
- I want a less saggy appearance
- I want my face to look slimmer
- I want to look less angry
- I want to look more youthful
- I want softer features
- I want to look less sad
- I want to look more attractive

Please circle the area(s) of your interest:



How would you rate the quality of your skin?
 (Please circle the appropriate answer)

Poor Fair Good Very Good Excellent

If you could enhance an aspect of your skin,
 what would you enhance?
 (Please circle the appropriate answer)

Hydration Elasticity Smoothness Color

These treatments/products interest me:
 (Please circle the treatment area(s) that interest you)

SKIN ENHANCEMENT	FACIAL IMPROVEMENT	BODY CONTOURING	OTHER
Acne scarring	Brow lift	Body Contouring	Eyelash length/thickness
Acne treatments	Eyelid heaviness	Body Sculpting	Hand Rejuvenation
Hydrafacial	Facial fillers	Fat reduction	Laser Hair Removal
IPL Photo rejuvenation	Fat reduction - chin		
Microneedling	Love Your Lips TM		
Skin Injectables	Wrinkle relaxers		
Skin Inflammation			
Skin tightening			
Skincare Products			

Signature: _____