

Skin Concern Self-Assessment

For many people, changes in physical appearance, especially as we age, can have a significant impact on self confidence and even quality of life. Fortunately, today there are many cosmetic products and procedures available to enhance and improve one's appearance. Please answer the following questions (circle answer):

When looking at my face in the mirror, I believe I look ___ than my true age. Younger Same Age Older

When looking at my face in the mirror, I am ___ about the appearance of lines and wrinkles on my face.
Not Concerned Somewhat Concerned Very Concerned

When looking in the mirror, I am ___ about the appearance of my body.
Not Concerned Somewhat Concerned Very Concerned

What cosmetic procedures, if any, have you had in the past?

If you have previously had any cosmetic procedures, were you pleased with the outcome? Yes No N/A
If no, in what way were you dissatisfied?

What products are in your current skincare regimen (face/body)? (cleanser, treatments, moisturizer, sunscreen)

Which of the following concerns would you like to address or learn more about? Check all that apply.



- Forehead Lines
- Frown Lines between Brows
- Crows Feet
- Dark Circles/Sunken Under Eyes
- Loss of Facial Volume or Fullness
- Sagging Earlobes
- Lines around Nose and Mouth
- Thin Lips
- Chin/Jawline Definition
- Sagging Skin
- Neck Lines



Which of the following skin concerns would you like to address or learn more about? Check all that apply.

Acne
Hyperpigmentation/Brown Spots
Facial Redness or Spider Veins

Large Pores
Dry/Dull appearance
Rough Texture
Fine Lines and Wrinkles
Scarring

Thinning Hair
Sparse Eyelashes/Eyebrows
Excess Facial Hair

Over --->

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Which of the following body concerns would you like to address or learn more about? Check all that apply.



- Double Chin
- Chest
- Upper Back
- Upper Arms
- Bra Line Bulges
- Stomach
- Flanks
- Buttocks
- Under Buttocks
- Front/Back Thighs
- Outer/Inner Thighs
- Above the Knees
- Calves



Crepey Skin
Aging Hands
Excessive Sweating

Excess Body Hair
Leg Veins

Stubborn Body Fat
Loss of Muscle Tone

How did you hear about us?

Friend or Family Member (name)

Physician Referral or Insurance Company (name)

Advertisement (please specify)

Internet (website)

Patient Information

Name (please print)

Phone number

We have special offers which are ONLY distributed via e-mail. Would you like to be contacted for exclusive promotions and events? __ Yes __ No

E-mail address (please print)