Skin Concern Self-Assessment

Our practice is constantly striving to offer you the safest, most advanced procedures for skin rejuvenation and overall physical improvement. Which of the following health concerns would you like to address and/or learn more about? (Please check all that apply.)

- ☐ Frown lines between the brows
- ☐ Crows feet and forehead lines
- ☐ Significant lines around nose and mouth
- ☐ Fine lines and wrinkles
- ☐ Overall skin rejuvenation
- ☐ Hyperpigmentation
- ☐ Acne
- ☐ Large pore size
- ☐ Dry skin
- ☐ Rough skin texture
- ☐ Sun damage
- ☐ Facial redness or dilated blood vessels
- ☐ Dark circles under eyes/tear troughs
- ☐ Thin lips
- ☐ Sagging skin
- ☐ Restoring facial volume or fullness
- ☐ Loose and/or sagging earlobes
- ☐ Hand rejuvenation
- ☐ Excess facial and/or body hair
- ☐ Bluish or purple leg veins
- ☐ Excess body fat in the neck, abdomen, hips, flanks, back, arms, and/or thighs
- ☐ Excessive underarm perspiration
- ☐ Thin, sparse eyelashes
- ☐ Other, please specify: _____

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

_____

Please answer the following questions (circle answer):

When looking at my face in the mirror, I believe I look _____ than my true age.

Younger Than **Same Age** **Older Than**

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 not _____ about the appearance of my body.

Not Concerned **Somewhat Concerned** **Very Concerned**

How did you hear about us?

_____ Friend or family member (name)

_____ Physician Referral or Insurance Company (name)

_____ Advertisement (please specify)

_____ Internet (website)

Patient Information

_____

Your name (please print) Address Phone number

We frequently have special offers which are **ONLY** distributed via e-mail. Would you like to be contacted for exclusive events and promotions?

___ Yes ___ No _____@_____._____

E-mail address (please print)