

# All About You

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

What is the main reason for your visit today?

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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

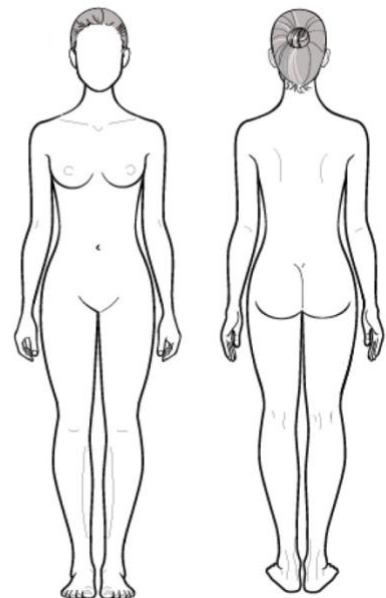
How often do you think about wanting a cosmetic procedure?

Most days     Weekly                       Monthly

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I want to look less tired | <input type="checkbox"/> I want a less saggy appearance | <input type="checkbox"/> I want my face to look slimmer |
| <input type="checkbox"/> I want to look less angry | <input type="checkbox"/> I want to look more youthful   | <input type="checkbox"/> I want softer features         |
| <input type="checkbox"/> I want to look less sad   | <input type="checkbox"/> I want to look more attractive |   |

Please circle the area(s) of your interest:



How would you rate the quality of your skin?      Poor                      Fair                      Good                      Very Good                      Excellent

(Please circle the appropriate answer)

If you could enhance an aspect of your skin,                      Hydration                      Elasticity                      Smoothness                      Colour  
what would you enhance?

(Please circle the appropriate answer)

These treatments/products interest me:

(Please circle the treatment area(s) that interest you)

SKIN ENHANCEMENT	FACIAL IMPROVEMENT	BODY CONTOURING	OTHER
Skin injectables	Facial fillers	Fat reduction	Laser hair removal
Skincare Products	Wrinkle relaxers	Cellulite reduction	Eyelash length/thickness
IPL Photo rejuvenation	Nose contouring	Body sculpting	Hand Rejuvenation
Chemical Peel	Fat reduction - chin		
Microdermabrasion	Love Your Lips <sup>TM</sup>		
Skin tightening	Eyelid heaviness		
Acne treatments	Brow lift		
Acne scarring			

Signature: \_\_\_\_\_