

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

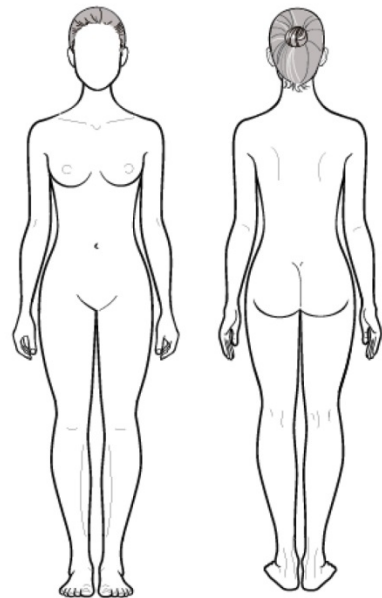
I want to look more youthful

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 Colour

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™		
Skin tightening	Eyelid heaviness		
Acne treatments	Brow lift		
Acne scarring			

Signature: _____