



## Aesthetics Skin Care & Treatment Questionnaire (**Optional**)

First/Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please send me monthly/ specials via Email: \_\_\_\_\_

Would you like to schedule a Free 15 minute, *Complimentary* Consult to discuss solutions to your concerns?

- YES, TODAY IF POSSIBLE
- YES, AT A LATER DATE
- NOT AT THIS TIME, THANK YOU
- OTHER \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN RECEIVING A CONSULT. PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

When looking in the mirror, I am:

- Not concerned about the appearance of my skin
- Somewhat concerned about the appearance of my skin
- Very concerned about the appearance of my skin

I'm interested in learning more about the following treatments to improve the following areas:

- Fine Lines/Wrinkles
- Texture/Creepy Skin
- Stretch Marks/Birthmark Reduction
- Neck Fullness (Double Chin) Reduction
- Sun/Age Spot Treatment
- Acne and Acne Scarring
- Hair Reduction Laser Treatments: What area(s) of the body? \_\_\_\_\_
- Other, please specify: \_\_\_\_\_
- Rosacea/Red Facial Vessels
- Spider Vein Treatment
- Thinning Eyelashes (length/fullness)
- Advanced Skin Care Regimen
- Thinning or Balding Hair

What is your current skin care routine? (i.e: Cleanser, SPF, moisturizer)?

AM: \_\_\_\_\_

PM: \_\_\_\_\_

**We're here for all your skin care needs!**

**Office Use Only:**

**Future Aesthetic Appointment**

Consulted \_\_\_\_ (Int)

Patient Scheduled for Consult \_\_\_\_ (Int)

Patient Scheduled Aesthetic Treatment \_\_\_\_ (Int)

Other \_\_\_\_\_ (Int)

Scanned Questionnaire \_\_\_\_ CC \_\_\_\_ EMA \_\_\_\_ (Int)

Email Added (Constant Contact) \_\_\_\_ (Int)

Date \_\_\_\_\_

Date \_\_\_\_\_

**Medical Appointment Date:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_