

PATIENT AESTHETIC PROFILE

(Please fill out form with **BLACK Ink**)

Patient Name: _____ DOB _____ Sex: M F

In the near future, will you be attending any events where you would like to look and feel more refreshed?

Family Reunion | School Reunion | Vacation | Holiday Gathering | Wedding | Special Event

Select from the list below, the procedure, area or areas that you are considering for a refreshed appearance:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fine Lines & Wrinkles | <input type="checkbox"/> Droopy Eyelids | <input type="checkbox"/> Skin Rejuvenation Treatments |
| <input type="checkbox"/> Blotchy Skin | <input type="checkbox"/> Droopy Brow | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Face Lift | <input type="checkbox"/> Spider Veins |
| <input type="checkbox"/> Oily Skin | <input type="checkbox"/> Neck Wrinkles | <input type="checkbox"/> Incontinence, Vaginal Dryness |
| <input type="checkbox"/> Brown Spots | <input type="checkbox"/> Neck/Chin Liposuction | <input type="checkbox"/> Feminine Rejuvenation |
| <input type="checkbox"/> Longer, Darker, Fuller Lashes | <input type="checkbox"/> Skin Resurfacing | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Facial Redness (Rosacea) | <input type="checkbox"/> Cosmetic Injectables | <input type="checkbox"/> Other _____ |

SUN DAMAGE:

Y N Have you had recent sun exposure

Y N Do you suntan / use tanning beds

Y N Do you burn easily

Y N Do you use sunblock everyday

Y N Do you use sunblock for outdoor activities

Do you consider your skin to be: (circle one)

Sensitive | Reactive | Acne Prone | Oily | Dry

What skin care products are you currently using? _____

Are you allergic or sensitive to any products or ingredients that you know of? (Please Specify)

Have you ever had Cosmetic and/or Facial Surgery? Yes | No

What type? _____ How long ago? _____

Do you have regular injections of: ____ Botox | ____ Dermal Filler [which type _____]

Comments/Requests: