FOUR KEY COMPONENTS FOR A UNIQUE APPEARANCE

TONE, CONTOUR, DYNAMICS AND **SURFACE QUALITY.**

PATIENT INTEREST QUESTIONAIRE

What would you like to learn about? Please check all that apply.

ADVANCED MEDICAL AESTHETIC CONCERNS

TONE		CONTOUR		DYNAMICS		SURFACE QUALITY		OTHER CONCERNS	
☐	Tone of Face/Areas of Looseness *Circle concerned area*:	☐	Thin Lips	☐	Wrinkles in Lips	☐	Facial Fine Lines/Wrinkles	☐	Unwanted Hair
☐	Neck Forehead Brow Cheek Jaw Border (jowl)	☐	Wrinkles in Lips	☐	Expression Lines	☐	Dull or Rough Facial Skin	☐	Length/Fullness of Eyelashes
☐	Tired Look to Face	☐	Hollowing of Face (loss of volume) *Specify area:* _____	☐	Frown Lines/Crows Feet	☐	Brown Spots/Age Spots/Freckles	☐	Décolletage/Chest
☐	Neck Laxity	☐	Excess Heaviness in Face and Neck *Specify area:* _____	☐	Frown Lines between Brows	☐	Uneven Skin Pigment	☐	Hair Thinning
☐	Sad/Tired Eyes	☐	Wrinkle Skin	☐	Forehead Lines	☐	Fragile Skin	☐	Body Skin Aging
☐	Sad Corner of Mouth	☐	Sad/Tired Eyes	☐	Neck Lines	☐	Oily Skin	☐	Aging Hands
☐	Hollow Temples	☐	Sad Corner of Mouth	☐	Wrinkles Skin	☐	Raised areas on Skin (moles, rough patches, white patches)	☐	Spider Veins
				☐	Jowls	☐	Blotchy Skin		
				☐	Smile Lines/Folds	☐	Facial Veins		
				☐	Crow's Feet	☐	Facial Redness		
						☐	Melasma		
						☐	Rough Skin		
						☐	Wrinkled Skin		
						☐	Scars on Face or Other Areas		
						☐	Acne		
						☐	Pore Structure (enlarged pores)		
						☐	Vessels (red areas)		
						☐	Acne		
						☐	Vessels (red areas)		
						☐	Thin Skin		
						☐	Dull Skin		
						☐	General Skin		
						☐	Rejuvenation		
						☐	Maintenance of Skin Protection		

ADVANCED MEDICAL AESTHETICS – REJUVENATING THERAPIES

- ☐ Botox, Dysport, Xeomin
- ☐ Belotero/Juvederm/Restylane/Radiesse/ Sculptra/Volbella/Voluma
- ☐ Skin Care Evaluation
- ☐ Chemical Peels/Melanage Peel
- ☐ Medical Skin Care Products
- ☐ Hand Rejuvenation
- ☐ Vein Treatments
- ☐ SilkPeel MicroDerm
- ☐ Facials/Oxygen Facial
- ☐ Photofacial
- ☐ Laser Hair Removal
- ☐ Fractional® Laser
- ☐ Fractora
- ☐ Microchanneling
- ☐ Acne Treatment
- ☐ Rosacea
- ☐ Radio Frequency/Face Tite
- ☐ Forma/Plus/Body Tite
- ☐ Sculpsure
- ☐ Non-Surgical Scalp Rejuvenation
- ☐ Non-Surgical Face Lift

INDIVIDUALIZED AESTHETIC PLASTIC SURGERY

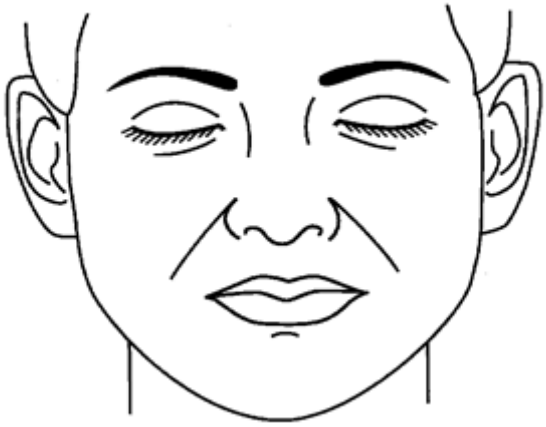
- ☐ Face and Neck Lift
- ☐ Eyelid Surgery
- ☐ Browlift
- ☐ Minimally Invasive Facial Restoration
- ☐ Facial Volume Balance/ Fat Transfer
- ☐ _____
- ☐ Breast Augmentation
- ☐ Breast Lift /Mastopexy
- ☐ Breast Reduction
- ☐ Breast Reconstruction
- ☐ _____
- ☐ _____
- ☐ Rhinoplasty
- ☐ Liposuction
- ☐ Laser Liposuction/Body Tite
- ☐ Abdominoplasty/Tummy Tuck
- ☐ Body Contouring
- ☐ Scar Revision

CONCERNS (CHECK ALL THAT APPLIES)

PLEASE LIST YOUR TOP 3 PRIORITES: 1: _____

2: _____

3: _____



PLEASE LIST YOUR TOP 3 PRIORITES: 1: _____

2: _____

3: _____