



Wish List What Concerns You?

Sun Damage/Age Spots
Rosacea
Facial Veins/Broken Capillaries
Enlarged Pores
Irregular Skin Texture
Fine Lines & Wrinkles
Frown Lines (between the eyebrows)
Forehead Lines
Crow's Feet
Acne
Acne Scars
Smile Lines

Vertical Lip Lines (upper & lower)
Lip Borders
Marionette Lines
 (descending lines at the corner of mouth)
Excess Hair
Face
Underarms
Legs
Bikini
Arms
Back
Chest

Other

Telephone (home)

(work)

(cell)

Best Time to call

Is it okay to call you at your work? Yes

No

1. Are you a smoker? Yes No

2. Are you a sun worshiper? Yes No

3. What type of face cream do you use?

4. What does your skin care regimen include?

5. Have you ever had any of the following treatments done before?

IPL Laser Collagen Botox Fillers Microdermabrasion Silk Peel

6. Are you taking any herbal medications? Yes No ; Anti-inflammatories? Yes No

Steroids? Yes No ; Chemo? Yes No ; Accutane? Yes No

7. When would you like to accomplish your wish?

A.S.A.P 3mos. 6mos. 1yr. 2 or more yrs.

8. Is there a special occasion you are anticipating? Yes No Date:

Other Concerns You Have Questions About:

**We'll be sure to address your concerns during your consultation today.
THANK YOU!**