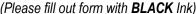
PATIENT AESTHETIC PROFILE (Please fill out form with **BLACK** Ink)





Patient Name:	DOI	B Sex: M F
In the near future, will you be attending an	ny events where you would like to look ar	nd feel more refreshed?
Family Daunian School Daunia	n Vacation Holiday Gatherin	g Wodding Special Event
ranniy Keumon School Keumo	ii Vacation Honday Gamerin	g Wedding Special Event
Select from the list below, the procedu	re, area or areas that you are consider	ng for a refreshed appearance:
□ Fine Lines & Wrinkles	□ Droopy Eyelids	☐ Skin Rejuvenation Treatments
□ Blotchy Skin	□ Droopy Brow	□ Laser Hair Removal
□ Dry Skin	□ Face Lift	□ Spider Veins
□ Oily Skin	□ Neck Wrinkles	☐ Incontinence, Vaginal Dryness
□ Brown Spots	□ Neck/Chin Liposuction	□ Feminine Rejuvenation
□ Longer, Darker, Fuller Lashes	□ Skin Resurfacing	□ Make-up
□ Facial Redness (Rosacea)	□ Cosmetic Injectables	□ 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: