

PERSONAL INFORMATION:

Name: _____ Date: _____ Date of Birth: _____
 Phone: _____ Email: _____ Preferred Contact: ☐ Call ☐ Text ☐ Email
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact Name: _____ Relationship: _____ Phone: _____

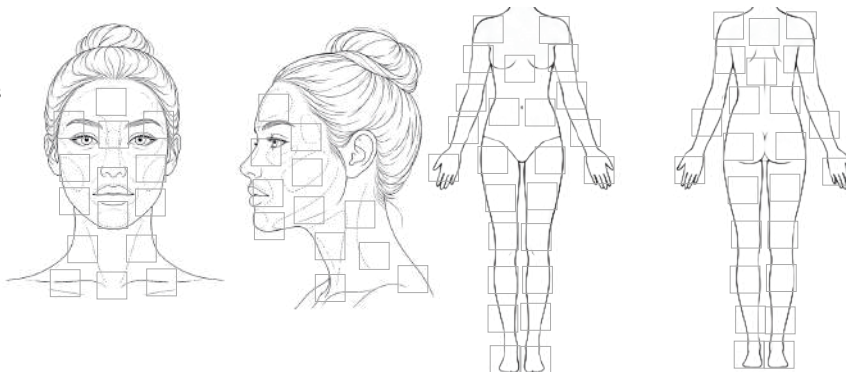
AREAS OF CONCERN

Please check all that apply

- ☐ Fine Lines & Wrinkles (Face)
- ☐ Volume Loss (Face)
- ☐ Acne
- ☐ Acne Scarring
- ☐ Hyperpigmentation / Dark Spots
- ☐ Uneven Skin Tone
- ☐ Enlarged Pores
- ☐ Redness / Rosacea
- ☐ Sun Damage
- ☐ Sagging/Loose Skin
- ☐ Neck Lines
- ☐ Under Eye Concerns
- ☐ Dullness / Dehydration
- ☐ Body Contouring
- ☐ Cellulite
- ☐ Hair Thinning / Hair Loss
- Other: _____

MARK AREAS OF CONCERN

Please mark the areas on the body diagram where you have concerns



SKIN TYPE

- ☐ I. Very fair, always burns, never tans
- ☐ II. Fair, usually burns, tans minimally
- ☐ III. Medium, sometimes burns, tans gradually
- ☐ IV. Olive, rarely burns, tans easily
- ☐ V. Brown, rarely burns, tans very easily
- ☐ VI. Deep brown/black, never burns

FACE CONCERN

Please check all that apply

- ☐ Fine Lines
- ☐ Wrinkles
- ☐ Hyperpigmentation
- ☐ Large Pores
- ☐ Acne - Blemished Skin
- ☐ Blackheads
- ☐ Whiteheads
- ☐ Acne Scars
- ☐ Dilated Capillaries
- ☐ Ingrown Hairs
- ☐ Rosacea
- ☐ Aging Skin
- Other: _____

EYE AREA CONCERN

Please check all that apply

- ☐ Crows feet/Wrinkles
- ☐ Lack of Elasticity
- ☐ Puffiness
- ☐ Eye hallow
- ☐ Dark Shadows
- ☐ Hooded Eyelids
- ☐ Migraine
- Other: _____

MOUTH AREA CONCERN

Please check all that apply

- ☐ Fine Lines
- ☐ Thinning Lips
- ☐ Gummy Smile
- ☐ Wrinkles
- ☐ Nasolabial Folds
- ☐ Jawlines
- Other: _____

CHEEK AREA CONCERN

Please check all that apply

- ☐ Loss of Elasticity
- ☐ Volume Loss
- ☐ Fat Loss
- ☐ Loss of Muscle
- ☐ Hyperpigmentation
- ☐ Dilated Pores
- ☐ Uneven Texture
- ☐ Visible Capillaries
- ☐ Uneven Tone
- ☐ Freckles
- ☐ Moles
- ☐ Nasolabial Folds
- Other: _____

NECK & DECOLLETE CONCERN

Please check all that apply

- ☐ Lines and Wrinkles
- ☐ Severe Sun Damage
- ☐ Lack of Elasticity
- ☐ Hyperpigmentation
- ☐ Double Chin
- Other: _____

HANDS & ARMS

Please check all that apply

- ☐ Age Spots
- ☐ Wrinkles
- ☐ Loose Skin
- ☐ Fragile Nails
- ☐ Hyperhidrosis
- Other: _____

BUTTOCKS CONCERNS

Please check all that apply

- ☐ Flat Buttocks
- ☐ Tissue Flap
- ☐ Small Buttock
- ☐ Oversize Buttock
- Other: _____

BODY CONCERNS

Please check all that apply

- ☐ Overweight
- ☐ Dry and/or Flaky Skin
- ☐ Saggy Arms and Legs
- ☐ Bulging Stomach & Waistline
- ☐ Loss of Elasticity
- ☐ Cellulite

HAIR CONCERN

Please check all that apply

- ☐ Hair Loss
- ☐ Excess Hair
- ☐ Dry and brittle hair
- Other: _____

WELLNESS & NUTRITION

Please check all that apply

- ☐ Weight Gain
- ☐ Weight Loss
- ☐ Consistent Food Craving
- ☐ Unhealthy Eating Habits
- ☐ Excess Belly & Waist Weight
- Other: _____

HEALTH

Please check all that apply

- ☐ Low Energy
- ☐ Exhaustion
- ☐ Hair Loss
- ☐ Depression
- ☐ Smoking
- ☐ Insomnia
- ☐ Moodiness
- Other: _____

SEXUAL HEALTH CONCERN

Please check all that apply

WOMEN

- ☐ Desiring Lifestyle Change
- ☐ Vaginal Dryness
- ☐ Little to no libido
- ☐ Painful Intercourse

MEN

- ☐ Lack of Desire
- ☐ Erectile Dysfunction
- ☐ Premature Ejaculation

WHAT ARE YOU HOME CARE REGIMEN?

Please check all that apply

- ☐ Eye Make-Up Remover
- ☐ Cleanser/Toner
- ☐ Boosters
- ☐ Moisturizer
- ☐ Exfoliator
- Other: _____
- ☐ Mask
- ☐ Sunscreen
- ☐ Body Exfoliator
- ☐ Body Moisturizer
- ☐ Vitamins

ADDITIONAL NOTES / SPECIFIC CONCERN

PREVIOUS TREATMENTS

Please check all that apply

- ☐ Botox / Dysport
- ☐ Dermal Fillers
- ☐ Microneedling
- ☐ Chemical Peels
- ☐ Laser Treatments
- ☐ Hydrafacial
- ☐ PRP / PRF
- ☐ Morpheus8 / RF Microneedling
- ☐ Body Contouring (Emsculpt, etc.)
- ☐ IPL / Photofacial
- ☐ Sculptra / Biostimulators
- ☐ Threads Lifts
- ☐ None
- Other: _____

TREATMENTS GOALS

Please check all that apply

- ☐ Prevent Again
- ☐ Improve Skin Texture
- ☐ Improve Skin tone / Even Out Pigmentation
- ☐ Reduce Acne / Breakouts
- ☐ Reduce Scarring
- ☐ Lift / Tighten Skin
- ☐ Restore Volume
- ☐ Enhance Facial Contours
- ☐ Body Contouring / Weight Loss
- ☐ Overall Skin Health
- Other: _____