

PERSONAL INFORMATION:

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

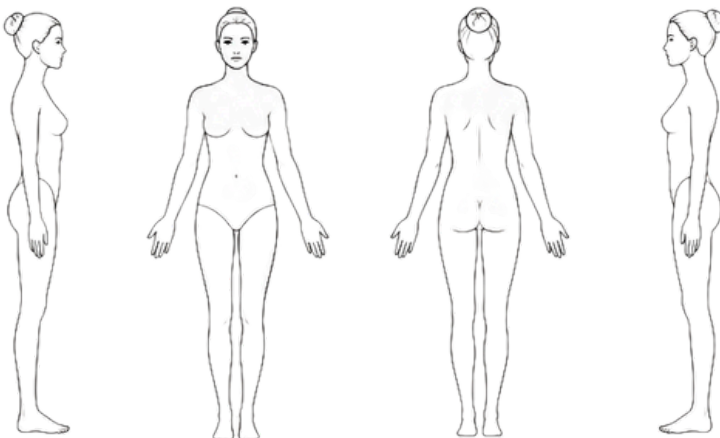
AREAS OF CONCERN

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 hollow
 - ☐ 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
 - ☐ Mask
 - ☐ Sunscreen
 - ☐ Body Exfoliator
 - ☐ Body Moisturizer
 - ☐ Vitamins
- Other: _____

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: _____