

FOUR KEY COMPONENTS FOR A UNIQUE APPEARANCE
TONE, CONTOUR, DYNAMICS AND SURFACE QUALITY.
PATIENT INTEREST QUESTIONNAIRE

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

ADVANCED MEDICAL AESTHETIC CONCERNS

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

ADVANCED MEDICAL AESTHETICS – REJUVENATING THERAPIES

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

INDIVIDUALIZED AESTHETIC PLASTIC SURGERY

- | | | |
|---------------------------------------|--|--|
| Face and Neck Lift | Breast Augmentation | Rhinoplasty |
| Eyelid Surgery | <input checked="" type="checkbox"/> Breast Lift /Mastopexy | Liposuction |
| Browlift | <input checked="" type="checkbox"/> Breast Reduction | Laser Liposuction/Body Tite |
| Minimally Invasive Facial Restoration | <input checked="" type="checkbox"/> Breast Reconstruction | Abdominoplasty/Tummy Tuck |
| Facial Volume Balance/ Fat Transfer | | <input checked="" type="checkbox"/> Body Contouring
Scar Revision |

CONCERNS (CHECK ALL THAT APPLIES)

PLEASE LIST YOUR TOP 3 PRIORITIES:

1: _____

2: _____

3: _____



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1: _____

2: _____

3: _____

