

Aesthetic Patient Self Assessment

Please complete this questionnaire to help us better understand your history, preferences, and concerns with respect to aesthetic treatments and procedures. Your responses will help us identify and recommend the most appropriate treatments and procedures for you.

Patient Name: _____ Date: _____

What is your reason for your consultation today?

What aesthetic treatments, surgeries, procedures, if any, have you had in the past?

If you have previously had any aesthetic treatments or procedures, were you pleased with the outcome?
 ___ Yes ___ No If no, in what way were you dissatisfied?

Other than the services we have already provided for you, what additional services would you like to learn about?
 Please check all that apply.

<input type="checkbox"/> Skin care products	<input type="checkbox"/> Botox/Dysport	<input type="checkbox"/> Fat Bulges
<input type="checkbox"/> Injectable treatments	<input type="checkbox"/> Facial veins	<input type="checkbox"/> Under Chin Fat (Double Chin)
<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Facial redness/Rosacea	<input type="checkbox"/> Body Contouring
<input type="checkbox"/> Thin lips	<input type="checkbox"/> Brown spots/age spots/freckle	<input type="checkbox"/> Unwanted Hair
<input type="checkbox"/> Blotchy skin	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Length/Fullness of Eyelashes
<input type="checkbox"/> Facial peels	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Stretch Marks
<input type="checkbox"/> Make Up	<input type="checkbox"/> Facial fullness/drooping	<input type="checkbox"/> Acne
	<input type="checkbox"/> Scar(s)	<input type="checkbox"/> Dermal Fillers
	<input type="checkbox"/> Neck wrinkles	

How did you hear about us?

<input type="checkbox"/> My physician	Full Name of Physician:
<input type="checkbox"/> My insurance company provider	Name of Company:
<input type="checkbox"/> The yellow pages	
<input type="checkbox"/> A friend or family member	Name of Friend/Family Member:
<input type="checkbox"/> Internet	Website Address:
<input type="checkbox"/> Billboard	Date/Location of Seminar:
<input type="checkbox"/> Skirt Magazine	
<input type="checkbox"/> TV	
<input type="checkbox"/> Approval to contact you	Best phone number to reach you:
<input type="checkbox"/> Approval to send you information on products and services (including special offers)	Email address:

I'm not interested in any additional services provided at this time.

Skin Typing...

	0	1	2	3	4
What is your eye color?	Light blue or gray	Blue or green	Hazel, Light brown	Dark brown	Brownish black
What is the natural color of your hair?	Red, Sandy red	Blonde	Dark blonde, chestnut brown	Dark brown	Black
What is the color of your skin (unexposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had burns
To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown quickly
Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
When did you last expose yourself to the sun, tanning bed, or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

My ethnic origin is closest to:

- Very Fair (Celtic and Scandinavian)
- Fair-Skinned Caucasian with light hair and light eyes
- Pale-skinned Caucasian with dark hair and dark eyes
- Olive-skinned (Mediterranean, some Asian, some Hispanic)
- Dark skinned (Middle Eastern, Hispanic, Asians, some African)
- Very dark-skinned (African)

For office use only:

Add above for Total score:	Match your total score with the corresponding Skin Type.	Fitzpatrick Skin Type:
	0-7	I
	8-16	II
	17-25	III
	26-30	IV
	Over 30	V-VI