

Name: _____

Date: _____

AESTHETIC INTEREST QUESTIONNAIRE

We Believe in the Power of Personal Appearance

Our team aims to provide comprehensive care to address the aesthetic concerns of our patients. We take pride in our ability to educate our clients on the various surgical, laser, skin care treatments and products we offer to help our clients achieve their desired level of confidence in their appearance. By checking the appropriate boxes below, we can get a clear idea of which areas of your appearance concern you.

Breasts

- Small Breasts
- Large Breasts
- Sagging Breasts
- Asymmetry

Abdomen/Body

- Loose Skin
- Excess Skin
- Excess Fat
- Lack of Tone
- Stretch Marks

Face/Eyes

- Excess skin of upper eyelids
- Excess skin of lower eyelids
- Bags under eyes
- Loose neck skin
- Sagging skin at jawline
- Shape of nose
- Shape of chin
- Loss of volume

Skin

- Acne
- Large pores
- Oily Skin
- Dry Skin
- Rosacea (Redness)
- Fine Lines
- Deep Creases
- Hyperpigmentation (Dark Spots)
- Broken Capillaries
- Moles/Birthmarks
- Unwanted Hair

Recent weight loss? Yes No

Other concerns: _____

.....
Which treatments would you like to learn more about?

- | | | |
|--|--|---|
| <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Botox | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Fotofacial | <input type="checkbox"/> Dermal Fillers | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Permanent Make-up | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Eye Lift | <input type="checkbox"/> Breast Augmentation | <input type="checkbox"/> Medical Facial |
| <input type="checkbox"/> Facelift | <input type="checkbox"/> Breast Reduction | <input type="checkbox"/> Tummy Tuck |
| <input type="checkbox"/> Nose Reshaping | <input type="checkbox"/> Breast Lift | <input type="checkbox"/> Thigh Lift |
| <input type="checkbox"/> Chin Reshaping | <input type="checkbox"/> Fat Grafting | <input type="checkbox"/> Liposuction |

Other: _____