



## Aesthetic Interest Questionnaire

### Main Skin Concern (please check all that apply):

- Wrinkles
- Clogged pores
- Brown Spots / dark spots
- Redness / Broken Blood Vessels
- Acne / Blackheads
- Acne Scars
- Stretch Marks
- Scar therapy
- Hair Reduction (Laser)
  - Spider Veins (legs)
- Under eye dark circles
- Bags under eyes
- Hair loss
- Saggy skin / crepiness
  - Other: please specify:  
\_\_\_\_\_

### List the skin care products you are currently using now:

AM

PM

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### List any Cosmetic treatments you have had done in the past:

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### What are your goals?

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact you \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_ text

Cosmetic services and products are elective, therefore not covered by insurance.

Scheduled for: \_\_\_\_\_

**Assessment:** (to be filled out by Aesthetic Consultant)

Fitzpatrick skin type: I II III IV V VI

Fair Slightly tanned Tanned

**Pigmentation:**

Lentigines: one to few >5 >10

Melasma: none Yes, where: \_\_\_\_\_

Hypopigmentation:

Dry skin Combination skin Oily skin

Pore size: Normal Large

**Wrinkles:** fine lines moderate lines deep lines  
Dynamic Static

**Unwanted hair:** Location: \_\_\_\_\_

Amount: few more than 50 hirsutism

Color: grey/white blonde red brown black

Quality: vellus fine moderate coarse

**Acne:** None Occasional Mild Moderate Severe

**Rosacea:**

Redness No Yes, location: \_\_\_\_\_

Telangiectasias No Yes, location: \_\_\_\_\_

**Other:**

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**Plan:**

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