

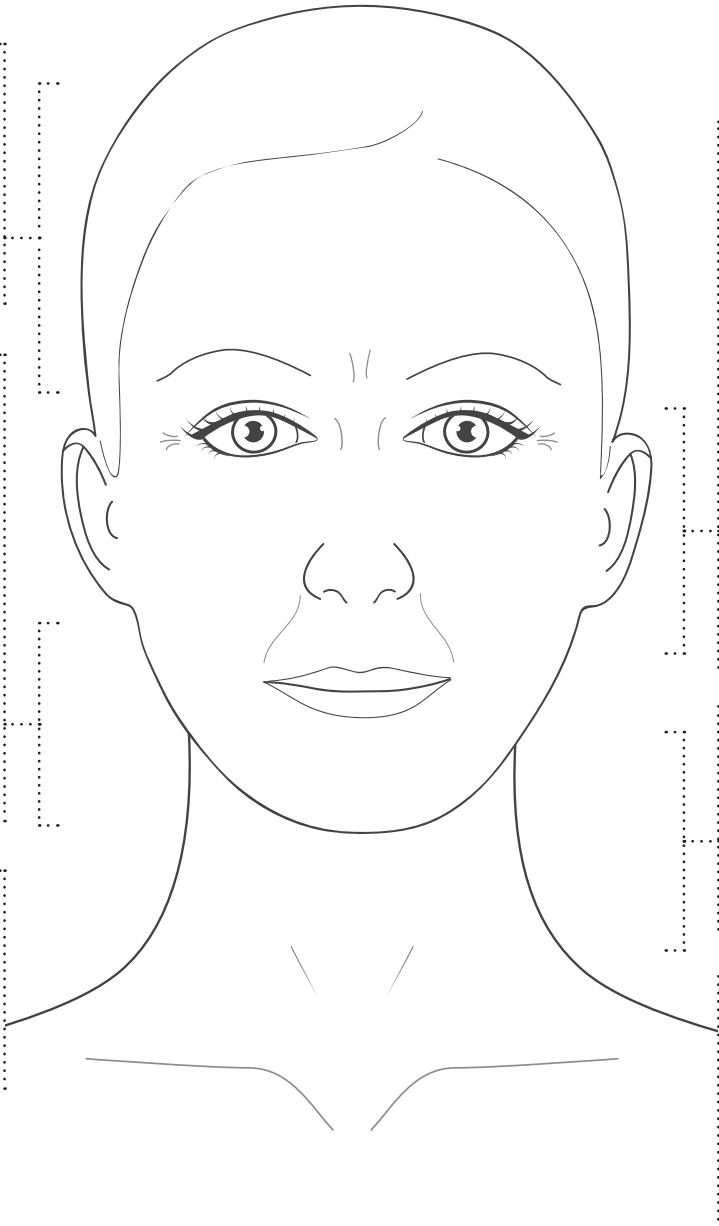
Self-Assessment

NAME: _____ DATE OF BIRTH: _____ DATE: _____

WHAT BRINGS YOU IN TODAY? _____

Select which areas of the face concern you on the diagram below.

By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.



Upper 1/3 Face

- Hair loss/thinning of hair
- Loss of volume (temples)
- Heavy brows
- Forehead lines & wrinkles

Lower 1/3 Face

- Prominence of nasolabial folds
- Thinning of lips
- Lip lines & wrinkles
- Marionette lines (corner of mouth)
- Jowls
- Poorly defined jawline
- Weak chin

Chest

- Brown spots
- Lines & wrinkles
- Poor skin quality

Middle 1/3 Face

- Crow's feet lines & wrinkles
- Thinning of eyebrows
- Thinning of eyelashes
- Excess skin to upper lids +/- hooding
- Dark circles (lower lids)
- Tear trough deformity
- Bump on bridge of nose
- Poor nasal tip projection
- Loss of volume (cheeks)

Neck

- Fullness of neck
- Poorly defined jawline
- Lines & wrinkles

Overall

- Brown spots
- Lines & wrinkles
- Poor skin quality
- Asymmetry

Please complete and return this form to the front desk before your consultation.