

Skin Concern Self-Assessment

For many people, changes in physical appearance, especially as we age, can have a significant impact on self confidence and even quality of life. Fortunately, today there are many cosmetic products and procedures available to enhance and improve one's appearance. Please answer the following questions (circle answer):

When looking at my face in the mi	rror, I believe I look _	than my true age.	Younger	Same Age	Older
When looking at my face in the	e mirror, I am ab	out the appearance o	of lines and wr	inkles on my fac	ce.
Not Conce	rned Somewhat	Concerned Ver	y Concerned		
When looking in the mirror, I am about the appearance of my body.					
Not Conce	rned Somewhat	Concerned Ver	y Concerned		
What cosmetic procedures, if any, ha	ve you had in the past	?			
If you have previously had any cosmetic procedures, were you pleased with the outcome? Yes No N/A If no, in what way were you dissatisfied?					
What products are in your current sk	incare regimen (face/	body)? (cleanser, treat	ments, moistu	rizer, sunscreen)	

Which of the following concerns would you like to address or learn more about? Check all that apply.



Forehead Lines
Frown Lines between Brows
Crows Feet
Dark Circles/Sunken Under Eyes
Loss of Facial Volume or Fullness
Sagging Earlobes
Lines around Nose and Mouth
Thin Lips
Chin/Jawline Definition
Sagging Skin
Neck Lines



Which of the following skin concerns would you like to address or learn more about? Check all that apply.

Acne
Hyperpigmentation/Brown Spots
Facial Redness or Spider Veins

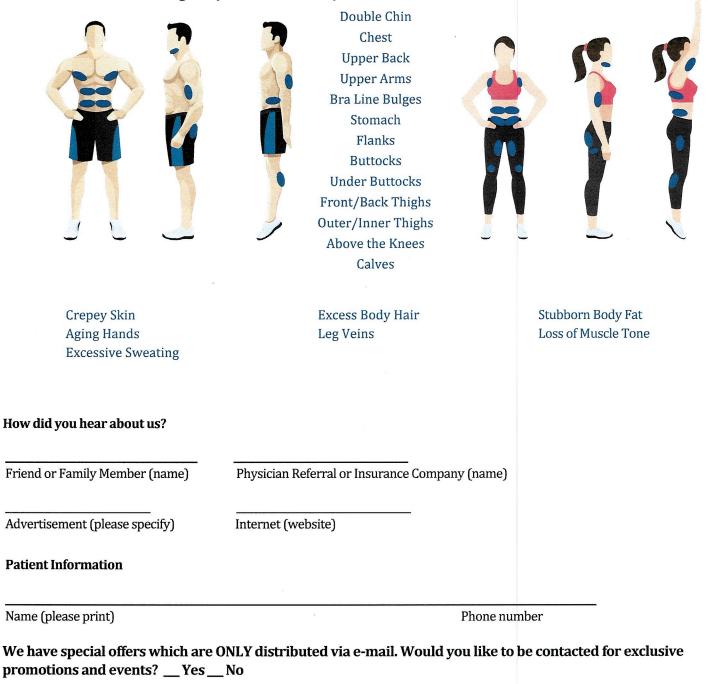
Large Pores
Dry/Dull appearance
Rough Texture
Fine Lines and Wrinkles
Scarring

Thinning Hair
Sparse Eyelashes/Eyebrows
Excess Facial Hair



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Which of the following body concerns would you like to address or learn more about? Check all that apply.



E-mail address (please print)