

Self-Assessment

Name _____

Date of Birth _____

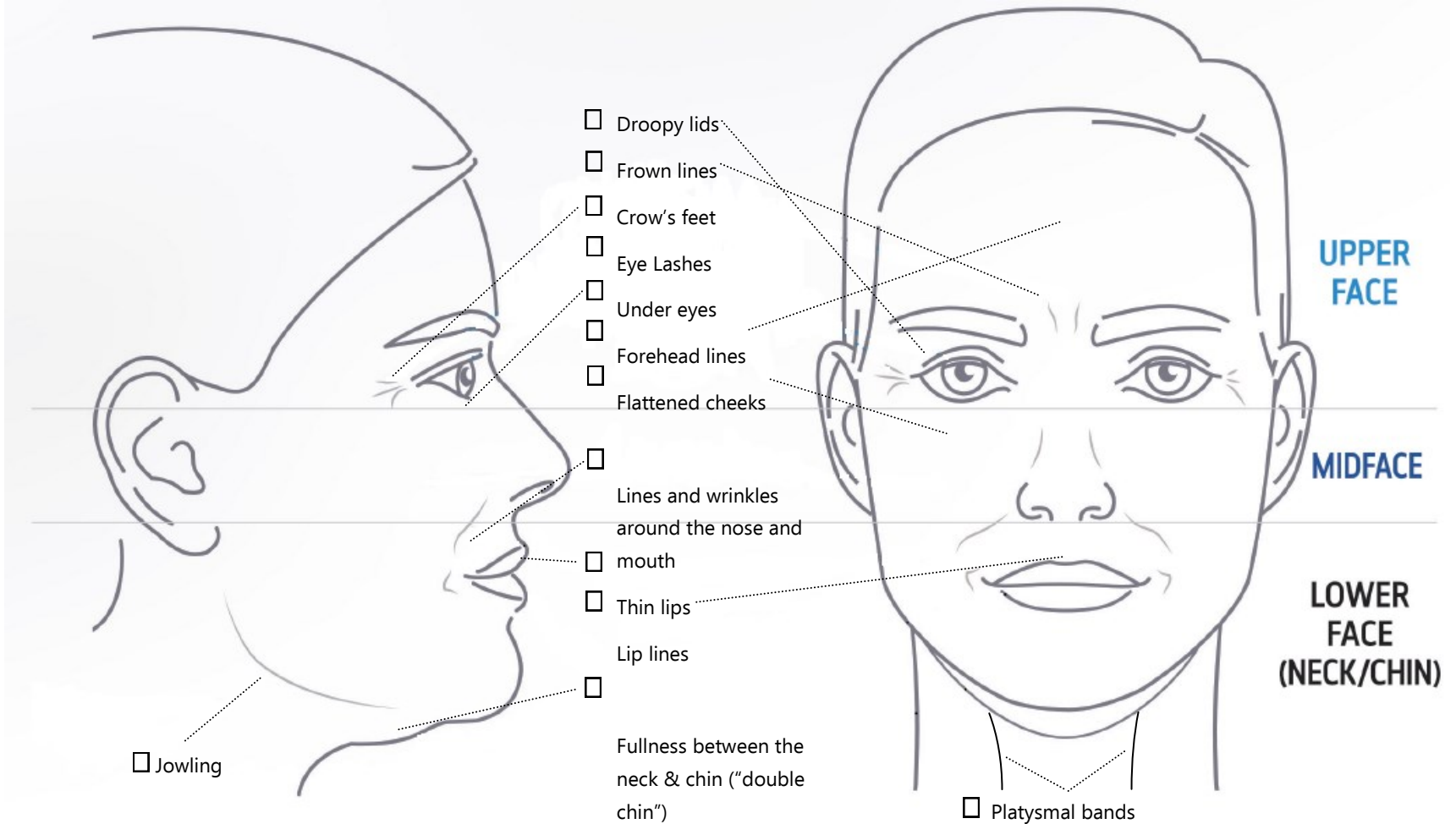
Date _____

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.

- Skin texture
- Dark spots
- Light spots
- Redness
- Breakouts

Other:



What skin care products are you currently using? Please list the brand.

Cleanser: _____

Toner: _____

Antioxidant: _____

Sunscreen: _____

Eye Cream: _____

Moisturizer: _____

Retinol: _____

Other: _____