

Enter your **FULL NAME** and **EMAIL ADDRESS** to receive your results and a **\$15 OFF COUPON** for any products or aesthetic service at our office!

Full Name

Email Address

Please check all that are true about your facial skin. (Multiple answers are preferred.)

- I can use any soap to wash my face without developing dryness
- I do not apply any products to my facial skin after cleansing
- I never or only occasionally apply a moisturizer
- I apply a moisturizer to my face once a day
- I apply a moisturizer to my face twice a day
- I develop dryness after washing my face

Please check all that are true about your facial skin. (Multiple answers are preferred.)

- My facial skin is rough or dry
- My facial skin is oily in some areas
- My face is very oily
- My face is uncomfortable if I do not use a moisturizer
- I like the feel of heavy creams and/or oil on my skin
- None of the above

Check all of the following that you are prone to:

- Acne (pimples)
- Facial redness and/or flushing
- Stinging or burning
- Allergic Reactions to skin care products
- Irritation from shaving the face
- None of the above

Do you have uneven skin pigmentation and want to lighten dark spots and patches on your face?

- No, I do not have uneven skin pigmentation on my face
- Yes, I have freckles or sunspots on my face that I want to lighten
- Yes, I have uneven skin pigmentation AND I want to lighten the dark, uneven spots on my face
- I have freckles, sunspots, or uneven skin tone but I do NOT want to lighten the spots on my face

Check all that apply to you.

- I have smoked over 50 cigarettes or cigars in my life or I am exposed to second-hand smoke weekly
- I have been to a tanning bed more than 3 times in my life.
- I am exposed to the sun for over 3 hours a week.
- My face has been sunburned and peeled more than twice in my life.
- One of my parents has more wrinkles than other peers their age.
- I do not wear sunscreen every day
- None of the above

Turn Over →

What types of issues do you have with the skin under your eyes? (Check all that apply.)

- Dark Circles
- Fine Lines & Wrinkles
- Puffiness or Bags
- Hollowness
- No issues with Lower Eyelid Skin

Check all of the following that are concerns that you would like to address with your medical provider at this visit or at a later date.

- Acne Scars
- Broken Blood Vessels on the Face
- Angiomas (cherry red bumps on skin)
- Leg "Spider" Veins
- Excess Chin Fat
- Excess Facial or Body Hair
- Enlarged Pores
- Hair Loss or Thinning of hair on head
- Hands – Brown Spots and Sun Damage
- Hands – Thin & Boney
- Loss of Fullness in Face (thin face)
- Loss of Fullness in Temples (upper part of face)
- Sagging Facial Skin
- Skin Tags
- Stretch Marks
- Thin or Sparse Eyelashes
- Thin lips
- Wrinkles – on forehead
- Wrinkles – frown lines between brows "11s"
- Wrinkles – around eyes "crow's feet"
- Wrinkles – on or around mouth or lips
- Wrinkles – on cheeks
- Nasolabial folds or "Marionette lines"
- Downturned corners of the mouth
- "Pebbled" Chin
- Easy Bruising
- Sagging, cords, or lines of the neck
- Unwanted tattoos
- None of the above

What type of daily facial sunscreen do you prefer?

- Chemical block (less white)
- Chemical free Physical Block (zinc oxide, may be white)
- Tinted (has color)
- Untinted (white or clear)
- No preference

Are you Pregnant or Breastfeeding?

- Yes
- No