

PATIENT NAME: _____ PHONE: _____ E-MAIL: _____

WELLNESS QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SCALE OF 1 TO 5 BY CIRCLING THE APPROPRIATE NUMBER:

I feel younger, the same as, or older than my true age.

YOUNGER THAN		TRUE AGE		OLDER THAN
1	2	3	4	5

I am not concerned, somewhat concerned, or very concerned about the appearance of my face or body.

NOT CONCERNED		SOMEWHAT CONCERNED		VERY CONCERNED
1	2	3	4	5

Are you preparing for any upcoming events? I.e. wedding, vacation, reunion, etc.

YES NO

PLEASE CHECK ALL ITEMS OF CONCERN:

- | | |
|--|--|
| <input type="checkbox"/> Skin care regimen and sunscreen | <input type="checkbox"/> Vitamins, minerals, bioidentical hormones |
| <input type="checkbox"/> Facial, microdermabrasion, chemical peel | <input type="checkbox"/> Hair removal |
| <input type="checkbox"/> BOTOX® - for fine lines | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Injectable Fillers - for volume, wrinkles, and re-shaping | <input type="checkbox"/> Freckles, sun damage, age spots, birthmarks |
| <input type="checkbox"/> Menopause, PMS or irregular menses | <input type="checkbox"/> Acne scars, facial wrinkles, fine lines, loose skin, enlarged pores, smoother texture |
| <input type="checkbox"/> Hormone balancing | <input type="checkbox"/> Facial/leg veins and red dots |
| <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Tattoo removal |
| <input type="checkbox"/> Painful intercourse | <input type="checkbox"/> Body skin tightening, cellulite, stretch marks |
| <input type="checkbox"/> Slow metabolism | <input type="checkbox"/> Body fat reduction |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Other, please specify: _____ |