

Unlocking the best version of yourself

Name: _____ Date of birth: _____

What is the main reason for your visit today? (tick all applicable)

I would like to be advised on:

How I can look better for my age.

How I can change something that has been bothering me.

How I can look more attractive.

Other _____

How do you feel about your smile? (tick all applicable)

I really like it.

It does not bother me.

I don't like it and I would like to improve it.

What is it that you don't like? _____

Are there any facial features that you do not like
(i.e. lines/wrinkles, sagging shadows, etc.)

Can you list them in order of importance?

1. _____

2. _____

3. _____



Please use the sketch to put the numbers
on the areas that concern you.

How often do you think about these undesirable features?

Rarely Most days Weekly Monthly

Have you ever had a consultation to talk about the features you do not like?

Yes No

Have you ever had any treatment to address the features you do not like?

Yes No

Which treatment? _____ When? _____

Which three statements best reflect how you would like to look:

Less tired More youthful Less angry Less sad
More feminine/masculine Face slimmer Less saggy
More attractive

Would you like to have a free consultation to discuss how we can help you

Yes No