

Patient name:

Date:

Other than the services that you are coming in for, what additional services would you like to learn about? Please circle all that apply:

Skin Care Advice

Facial Veins

Facial Redness

Skin Care Products

Injectable Treatments/Cosmetic

Thin Lip

Length/ Fullness of Eye Lashes

Juvederm/Fillers

Facial FineLines/Wrinkles

Please answer the following questions on a scale by circling the appropriate response.

When I look in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than

True Age

Older Than

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

Not Concerned
Concerned

Somewhat Concerned

Very

If you circled anything listed above, please let our front staff know immediately and/or let your provider know for more information on how you can benefit from the services we offer here at A.I.M.

