# Aesthetic Consultation Screening Questionnaire

## Which concerns would you like to discuss?

☐ Forehead lines
☐ Frown lines
☐ Crow's feet
☐ Facial volume loss
☐ Lip enhancement
☐ Fine lines
☐ Uneven skin texture
☐ Pigmentation or sun damage
☐ Acne scarring
☐ Dull or dehydrated skin
☐ Natural facial rejuvenation
☐ Other: _____

## Which treatments interest you?

☐ Botox or other neuromodulator
☐ Juvéderm or another dermal filler
☐ PRP facial treatment
☐ Microneedling with PRP
☐ HydraFacial
☐ Chemical peel
☐ Unsure—requesting physician recommendations

## Have you previously received aesthetic treatment?

☐ Yes, without complications
☐ Yes, with a complication or unsatisfactory result
☐ No

## What type of result do you prefer?

☐ Very subtle and natural
☐ Noticeable but conservative
☐ Unsure—I would like guidance

## Is there a particular event or date you are preparing for?

☐ No
☐ Yes: _____

## What is your primary aesthetic goal?

_____