

## Cosmetic Consultation Intake Form

What topical products are you currently using on your skin?

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What topical products have tried before on your skin?

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What one thing bothers you the most about your face or skin?

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What other areas of your face or skin would you like to see improve?

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What cosmetic procedures have you had before and when?

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What are you interested in discussing today? (Please circle all that apply)

- Botox
- Fillers
- Lasers
- Microdermabrasion
- Skin Needling
- Topical Skin Care Products
- Photoprotection