

Cosmetic Consultation Form

Patient name

Date of birth

Today's date

Please provide us with the following information to help us evaluate your skin care needs.

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

- | | | |
|---|---|--|
| ☐ Botox | ☐ Cellulite | ☐ Dermaplaning |
| ☐ Chemical peels | ☐ Filler | ☐ Hair loss |
| ☐ PRP (hair loss) | ☐ SkinTyte | ☐ Skin care products |
| ☐ Microdermabrasion | ☐ DermalInfusion (DiamondGlow) | ☐ Microneedling |
| ☐ Microneedling (with PRP) | ☐ Qwo | ☐ Laser (sun damage, hair reduction, redness, anti-aging) |

What skin care products are you currently using on your skin? (prescription and over the counter)

What topical products and/or cosmetic procedures have you tried before on your skin?

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

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

Are you signed up for Allē or Aspire Rewards? Ask our cosmetic care consultant, Meredith, or the front desk how.

Questions or need help with this form? Call 501-817-3923 (TTY: 800-285-1131) or text 501-550-9095. We can provide large print, read the form aloud with you, or help you fill it out, free of charge.