



PATIENT NAME: _____

PHONE: _____

E-MAIL: _____

WELLNESS QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SCALE OF 1 TO 5 BY CIRCLING THE APPROPRIATE NUMBER:

I feel younger, the same as, or older than my true age.

YOUNGER THAN

TRUE AGE

OLDER THAN

1

2

3

4

5

I am not concerned, somewhat concerned, or very concerned about the appearance of my face or body.

NOT
CONCERNED

SOMEWHAT
CONCERNED

VERY
CONCERNED

1

2

3

4

5

Are you preparing for any upcoming events? I.e. wedding, vacation, reunion, etc.

YES

NO

PLEASE CHECK ALL ITEMS OF CONCERN:

☐ Skin care

☐ Facial/leg veins and red dots

☐ Tattoo removal

regimen and sunscreen ☐ Facial, microdermabrasion,

☐ Body skin tightening, cellulite, stretch marks

☐ Body

chemical peel ☐ BOTOX® - for fine lines

fat reduction

☐ Other, please specify: _____

☐ Injectable Fillers - for volume, wrinkles, and re-

shaping ☐ Menopause, PMS or irregular menses

☐ Hormone balancing ☐ Decreased libido

☐ Painful intercourse ☐ Slow metabolism

☐ Weight gain

☐ Vitamins, minerals, bioidentical hormones

☐ Hair removal

☐ Acne

☐ Freckles, sun damage, age spots, birthmarks

☐ Acne scars, facial wrinkles, fine lines, loose skin,
enlarged pores, smoother texture