Allergan Medical Institute

PATIENT INTEREST QUESTIONNAIRE

Name: Age: Date: / /

Please indicate any areas of concern for you.

Check all that apply.

☐ Forehead lines

☐ Frown lines

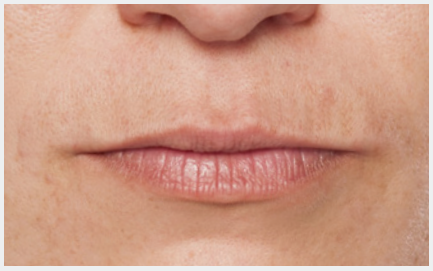
☐ Crow's feet lines

☐ Thinning or inadequate lashes

☐ Undereye area

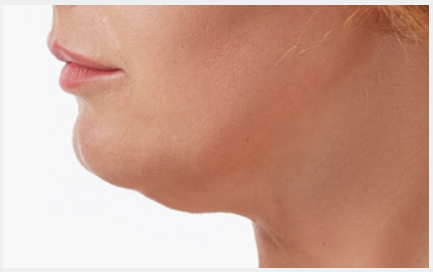
☐ Flattened cheeks/sunken cheeks

☐ Lines and wrinkles around the nose and mouth

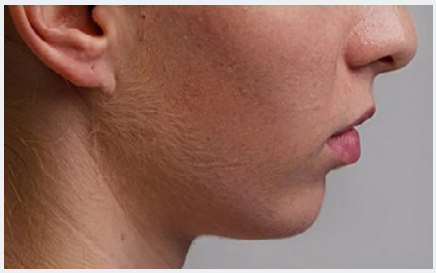


☐ Thin lips

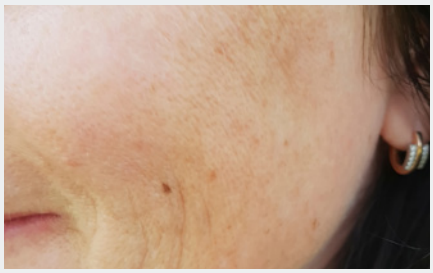
☐ Lip appearance and texture



☐ Double chin



☐ Small chin/weak chin profile



☐ Skin texture and appearance

Please complete questionnaire on back side.

Aesthetic specialist: Use the next page to create the patient's treatment recommendations.

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PATIENT INTEREST QUESTIONNAIRE

Share how you see yourself.

- [ ] I feel I look tired
- [ ] I feel I look sad
- [ ] I feel I look angry
- [ ] I feel I have saggy skin
- [ ] I feel I look older than my age
- [ ] I feel I don't look contoured
- [ ] I feel I don't look smooth
- [ ] I feel I don't look aesthetically pleasing
- [ ] Other

For use with your aesthetic provider

Evaluate concerns and aesthetic goals to customize each consultation

Patient name: Next appointment date: / /