

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: / /

## Please indicate any areas of concern for you

Check all that apply.

Forehead lines



Lip appearance and texture



Frown lines



Thin lips



Crow's feet lines



Double chin



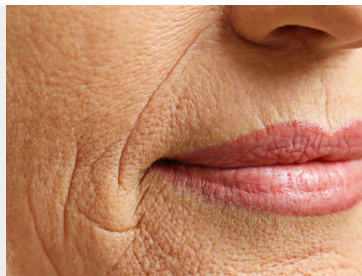
Flattened cheeks/sunken cheeks



Thinning or inadequate lashes



Lines and wrinkles around the nose and mouth



Skin appearance and texture



**Be sure to bring this to your aesthetic specialist for your assessment.**

