TEMECULA MED SPA

Patient Self-Assessment

Patient ____ **Date** _________________

Please complete this questionnaire to help us better understand your history, preferences, and concerns with respect to aesthetic treatments and procedures. Your responses will help us identify and recommend the most appropriate treatments and procedures for you:

What aesthetic treatments and procedures, if any, have you had in the past?__________________________________

Were you pleased with the outcome? ____If not, in what way were you dissatisfied? ___________________________

What is the main reason you came in for this consultation?

☐ Fine lines/Wrinkles ☐ Skin texture/scars ☐ Uneven skin tone/spots ☐ Lax Skin ☐ Excess fat

☐ Unwanted Hair ☐ Unwanted Tattoo ☐ __________________________________

Areas of concern *(Circle areas of concern)*