



MEDICAL REJUVENATION SPA 303.347.0800 ext.2



# AESTHETIC CONSULTATION QUESTIONNAIRE

Name:

Date:

## General appearance or products of interest to you (please check all that apply)

- |                    |                     |                       |
|--------------------|---------------------|-----------------------|
| Skin care advice   | Facial veins        | Surgical/Facial Scars |
| Skin care products | Sun spots/age spots | Blotchy skin          |
| BOTOX® Cosmetic    | Birthmark           | Acne scars            |
| Facial fine lines  | Enlarged pores      | Acne                  |
| Facial wrinkles    | Hyperpigmentation   |                       |
| Facial redness     | Stretch marks       |                       |

## Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

While outside in the sun, your skin tends to...

*Always burn*

*Occasionally burn*

*Never burn*

1

2

3

4

5

My skin is most often...

*Dry*

*Normal*

*Oily*

1

2

3

4

5

What is your current skin regime? What products are you currently using?

Have you undergone any other skin care treatments or procedures? If so, how was your experience?

How did you hear about us?

Please contact me about limited time offers and promotions.

Email address:

Patient Signature: \_\_\_\_\_

AQUA Medical Rejuvenation Spa  
5778 S. Rapp Street Suite 1  
Littleton, CO 80120