

# Facial Aesthetics Questionnaire

## Sedgley Dental Care with Dr Priyanka Desai

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

### Please circle which of the following concerns you:

Facial wrinkles/Lines	Neck Wrinkles
Thin Lips	Sunspots
Facial Pigmentation	Melasma
Facial Redness/Rosacea	Uneven skin tone
Acne/Acne scars	Ageing skin
Stretch Marks/Cellulite	

### Circle which of the following treatments/areas interest you:

Wrinkle relaxing injections - Use of botox.

The Glabellar-frown lines	Forehead lines
Crows feet-wrinkles around eyes	Gummy Smile
Bunny lines-wrinkles at top of nose	Nose
Neck wrinkles/Platysma	Chin softening
Jaw slimming	Down-turn mouth
Excessive underarm sweating	

### Dermal Fillers

Cheek Augmentation
Nose to mouth lines/Nasolabial folds using cannula
Mouth to chin lines/Marionette lines
Lip enhancement

### Obagi ZO® Skin Health

Ageing	Hyperpigmentation
Sun-damage	Acne
Achieve smoother, glowing, radiant skin	Rosacea

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

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If you have previously had any aesthetic treatments or procedures, were you pleased with the outcome? Yes / No

If no, in what way were you dissatisfied?

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