SPRINGS AESTHETICS
JOHN BURROUGHS, M.D., P.C.

Patient Self-Assessment

Name:_____

Date:_____

How did you hear about us? _____

Preferred method of contact? _____

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

_____

_____

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

_____

_____

3. If you have previously had any aesthetic treatments or procedures, were you pleased with the results?

☐ Yes ☐ No If no, in what way were you dissatisfied?

_____

_____

4. Do you have any concern and/or allergies with aesthetic treatments?

☐ Yes ☐ No If yes, identify them below:

_____

_____

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Aesthetic Products, Treatment, and Procedures

Name _____ Date _____

Please let us know which of the following aesthetic products, treatments, and procedures interest you. Please check all that apply:

☐ Acne/Scarring Treatment

☐ AHA/Glycolic Peel

☐ Body Contouring

☐ Cellulite Treatment

☐ Chemical Peels

☐ Dermal Infusion

☐ Facial Plastic Surgery List: _____

☐ Facial Vein Correction

☐ Filler

☐ Laser Hair Removal

☐ Hair Restoration

☐ Vaginal Rejuvenation -Sexual Dysfunction, Laxity, SUI

☐ Lip Enhancement

☐ Liver Spot/Age Spot Correction

☐ Mechanical Exfoliation

☐ Professional Skin Care Products

☐ Intense Pulsed Light Therapies (Photofacial IPL)

☐ Radio Frequency Assisted Liposuction

☐ Skin Tightening

☐ Skin Rejuvenation

☐ Sunscreen Advice

☐ Wrinkle Blocker

☐ Excessive Sweating

☐ Laser Resurfacing

Skin Concerns:

Do you have any concerns with the appearance of your skin? ☐ Yes ☐ No

Do you want to learn more about home skin care? ☐ Yes ☐ No

Do you have issues with wrinkles or fine lines? ☐ Yes ☐ No

Do you have any known issues with sun damage or age spots? ☐ Yes ☐ No

Do you have any issues with large pores or skin texture? ☐ Yes ☐ No

Do you have any concerns with facial redness? ☐ Yes ☐ No

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Facial Anatomic Representation

Name Date

With respect to facial aesthetics, please highlight those areas of the face that bother or trouble you. In the boxes provided, please rate these areas on a scale of 1 to 5 (1 being less bothersome, 5 being most bothersome). Feel free to draw on the chart to identify any other facial concerns.