Facial & Aesthetic Only

Patient Name: ______________________________

Which of the facial and aesthetic issues bother you and you want help with (check all that apply):			
☐ Dry skin	☐ Acne/pimples forehead	☐ Forehead lines	☐ Crow's feet/ Laugh lines (eyes)
☐ Oily skin	☐ Acne/pimples cheek/nose	☐ Frown lines (eyebrows)	☐ Tear troughs under eyes
☐ Red/inflamed uneven skin	☐ Acne/pimples chin	☐ Bunny lines (nose)	☐ Bags/circles under eyes
☐ Rosacea	☐ Deep cystic acne/pimples	☐ Nasolabial folds	☐ Drooping/puffy eyelids
☐ Spider veins/capillaries	☐ Vertical lip lines	☐ Marionette lines	☐ Drooping brows
☐ Spots/marks	☐ Mental crease (chin)	☐ Mouth frown at rest	☐ Sunken/drooping cheeks
☐ Sensitive skin	☐ Double chin/neck lines	☐ Jaw line drooping/jowls	☐ Thinning hair, hair line

What improvements would you most like to see?

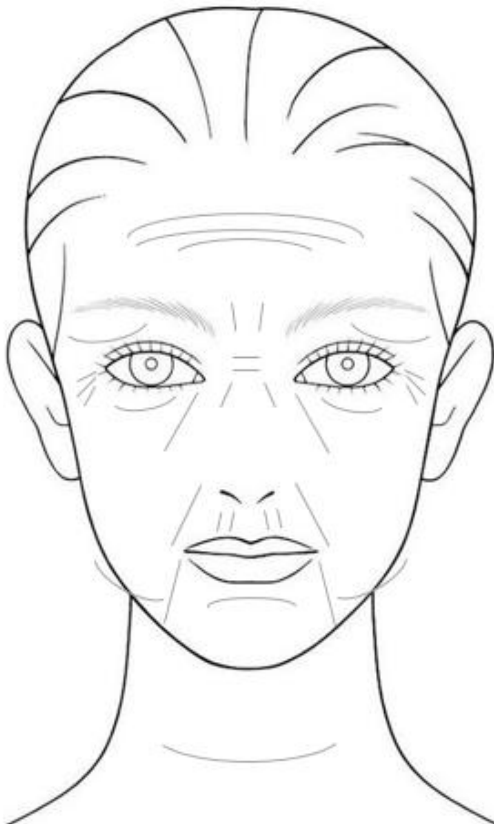
I have had the following procedures and approximate dates: (check all that apply)					
☐ Botox injections:	________	☐ Restalyne:	________	☐ Rhytidectomy:	________
☐ Collagen injections:	________	☐ Mesotherapy:	________	☐ Blepharoplasty:	________
☐ Silicon injections:	________	☐ Microdermabrasion:	________	☐ Brow or Coronal lift:	________
☐ Laser procedures:	________	☐ Chemical peels:	________	☐ Other Facial surgery:	________

Please describe your daily skincare regimen:

Do you wear sunblock daily? ☐ Yes ☐ No Do you wear makeup daily? ☐ Yes ☐ No

Do you go to tanning booths? ☐ Yes ☐ No Do you get facial waxing/electrolysis/depilatories? ☐ Yes ☐ No

Any skin sensitivities? ☐ Yes (please list) ☐ No ______________________________



Where do you have skin/facial issues that you would like some help with (mark all that apply)?

Diane M. Daniels, D.Ac, LMT

Licensed Acupuncturist & Massage Therapist

188 W. Montauk Hwy, Unit E5

Hampton Bays, NY 11946

631-255-9970