

Name: _____

Age: _____

Date: / /

Please indicate any areas of concern for you.

Check all that apply.



Forehead lines



Frown lines



Crow's feet lines



Skin texture and appearance



Flattened cheeks/sunken cheeks



Lines and wrinkles around the nose and mouth



Thin lips



Lip appearance and texture



Small chin/weak chin profile

Share how you see yourself.

I feel I look tired

I feel I look sad

I feel I look angry

I feel I have saggy skin

I feel I look older than my age

I feel I don't look contoured

I feel I don't look smooth

I feel I don't look aesthetically pleasing

Other

