Allergan MEDICAL INSTITUTE
Advancing Excellence in Facial Aesthetics

Patient Interest Questionnaire

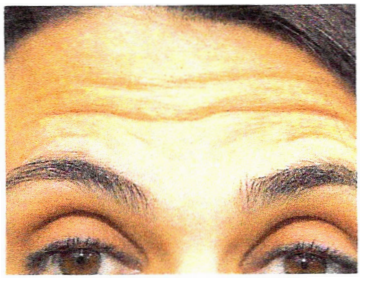
DC RANCH FAMILY MEDICINE & AESTHETICS
Look as Good as you Deserve!

Name: Age: Date: / /

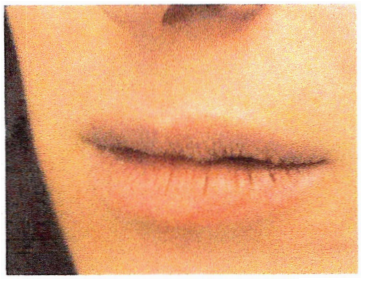
Please indicate any areas of concern for you

Check all that apply.

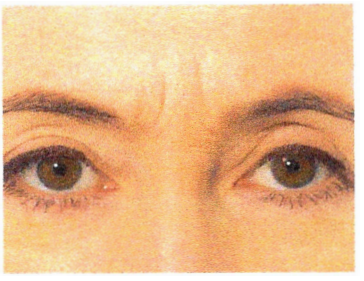
☐ Forehead lines



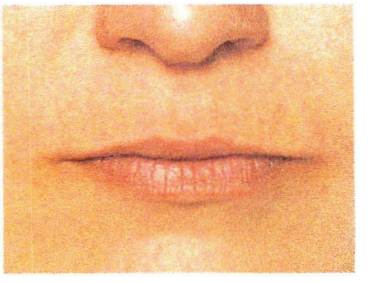
☐ Lip appearance and texture



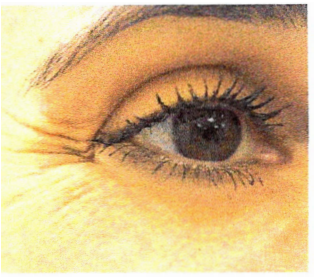
☐ Frown lines



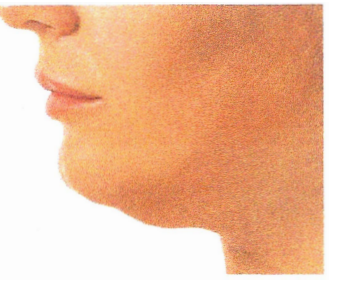
☐ Thin lips



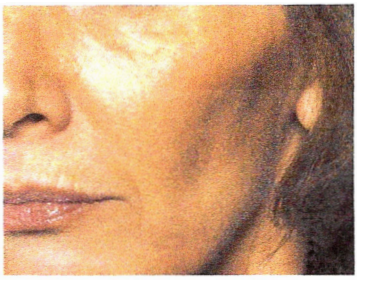
☐ Crow's feet lines



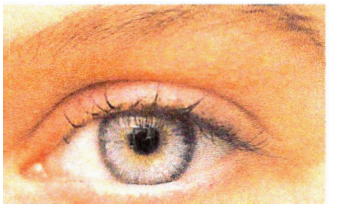
☐ Double chin



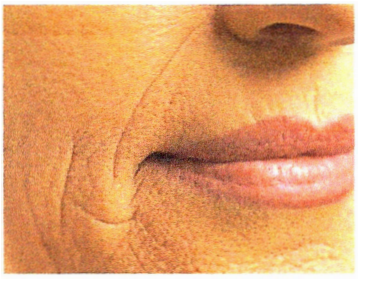
☐ Flattened cheeks/ sunken cheeks



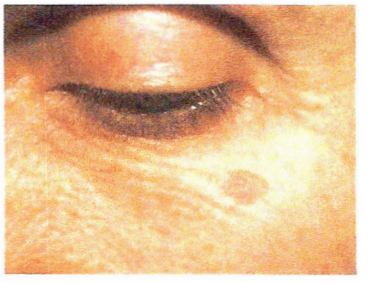
☐ Thinning or inadequate lashes



☐ Lines and wrinkles around the nose and mouth



☐ Skin appearance and texture



Other: _____

Be sure to bring this to your aesthetic specialist for your assessment.