



Dear Patient,

To ensure we are meeting our patient's needs, we ask that you complete the following questionnaire. Please check all that apply;

*These are the areas of concern or interest for me:*

- Fine Lines & Wrinkles
- Lines around Nose & Mouth
- Rough Texture of Skin
- Tired Looking Skin or Uneven Skin Tone
- Skin Discoloration or Hyper/Hypo-Pigmentation
- Sagging Skin
- Large Pores
- Acne
- Brown Spots, Red Spots, or Freckles
- Scars, including Acne and Surgical Scars
- Eyelashes: Longer, Fuller, Darker
- Eyes: Dark Circles, Puffiness or Creepy Skin
- Dull Hair
- Hair Loss/Thinning Hair
- Poor Hair Growth
- Overweight
- Concerned about Hormone Imbalance
- Tired, Loss of Drive, Loss of Motivation
- Decreased Memory & Cognitive Function
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- None of the above Concern Me

Are you a Brilliant Distinctions member?

- Yes    No

Do we have your approval to email information on the above procedures (including special offers)?

- Yes    No

Email address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_