

Please complete the following form and we'll contact you with your skin age based on your lifestyle and what we can do to help!

Name:
Email:
Phone #:

Your Current Age

• What is your true age based on the year you were born?

Sun Exposure

• Do you wear SPF daily?
 Yes (-2 yrs.)

No

• Do you use tanning beds/booths?
 Yes (+17 yrs.)

No

• Do you spend more than eight hours/week outdoors during the day?
 Yes (+8 yrs.)

No

Skin Care Products

• Do you use daily skin care products (i.e., Cleanser, Toner, Moisturizer)?
 Yes (-2 yrs.)

No

• Do you use age-defying treatment products ?
 Yes (-5 yrs.)

No

Nutritional Supplements

• Do you use a mega multi
 Yes (-4 yrs.)

No

• Do you use a one-a-day supplement ?
 Yes (-3 yrs.)

No

• Do you take additional antioxidants?
 Yes (-1 yr.)

No

Do you experience high stress?
 Yes (+3 yrs.)

No

• Do you sleep 7-8 hours per night?
 Yes (-3 yrs.)

No

• Do you exercise a minimum of 60 minutes weekly?

- Yes (-2 yrs.)
- No
- Do you live in a metropolitan area?
 - Yes (+2 yrs.)
 - No
- Do you consume four or more alcoholic beverages per week?
 - Yes (+3 yrs.)
 - No
- Do you smoke?
 - Yes (+8 yrs.)
 - No
- Are you regularly exposed to second-hand smoke?
 - Yes (+7 yrs.)
 - No
- Do you consume eight or more glasses of water daily?
 - Yes (-2 yrs.)
 - No

- What is your age?
 - 12 - 19
 - 20 - 29
 - 30 - 39
 - 40 - 49
 - 50 - 59
 - 60+

- How would you describe your skin?
 - Dry - After cleansing my face feels tight and I need to use a moisturizer.
 - Normal - I have no significant dryness or oiliness.
 - Combination - I often have a shiny T-zone (forehead, nose, & chin) and my cheeks feel dry.
 - Oily - I tend to have an oily sheen throughout the day.

- How sensitive is your skin?
 - Very sensitive,
 - Somewhat sensitive.
 - Not sensitive at all.

- How often do you experience breakouts?
 - Never/Rarely
 - Occasionally
 - Frequently

- Have fine lines or wrinkles started to appear on your face? (please check all that apply)
 - No, not yet

Yes, on my forehead

Yes, around my eyes and between my brows

Yes, around my mouth

Yes, on my cheeks

* Do you have age spots or skin discolouration?

No

Yes, light spots or uneven skin tone

Yes, large spots or blotchy skin

What is the texture and tone of your skin?

My skin feels smooth and looks even and luminous.

My skin feels smooth but has lost its luminosity.

My skin feels slightly rough and has lost its luminosity.

My skin feels rough, looks uneven, and has lost its luminosity.

*

What are your skin care goals? (please check all that apply)

Reduce/prevent the appearance of fine lines and wrinkles
Reduce under eye puffiness and dark circles

Achieve a more even-toned complexion

Improve texture and radiance

Improve firmness

Reduce blemishes

Reduce dryness

*

Are you interested in non-invasive alternatives to any of the following dermatological/cosmetic procedures? (Please check all that apply.)

Yes, non-invasive alternatives to Botox

Yes, non-invasive alternatives to microdermabrasion

Yes, non-invasive alternatives to collagen injections

Yes, non-invasive alternatives to a chemical peel

Yes, non-invasive alternatives to an eye lift

Yes, non-invasive alternatives to a mini face-lift

No, none of the above