Selfcare by CalMedCiti

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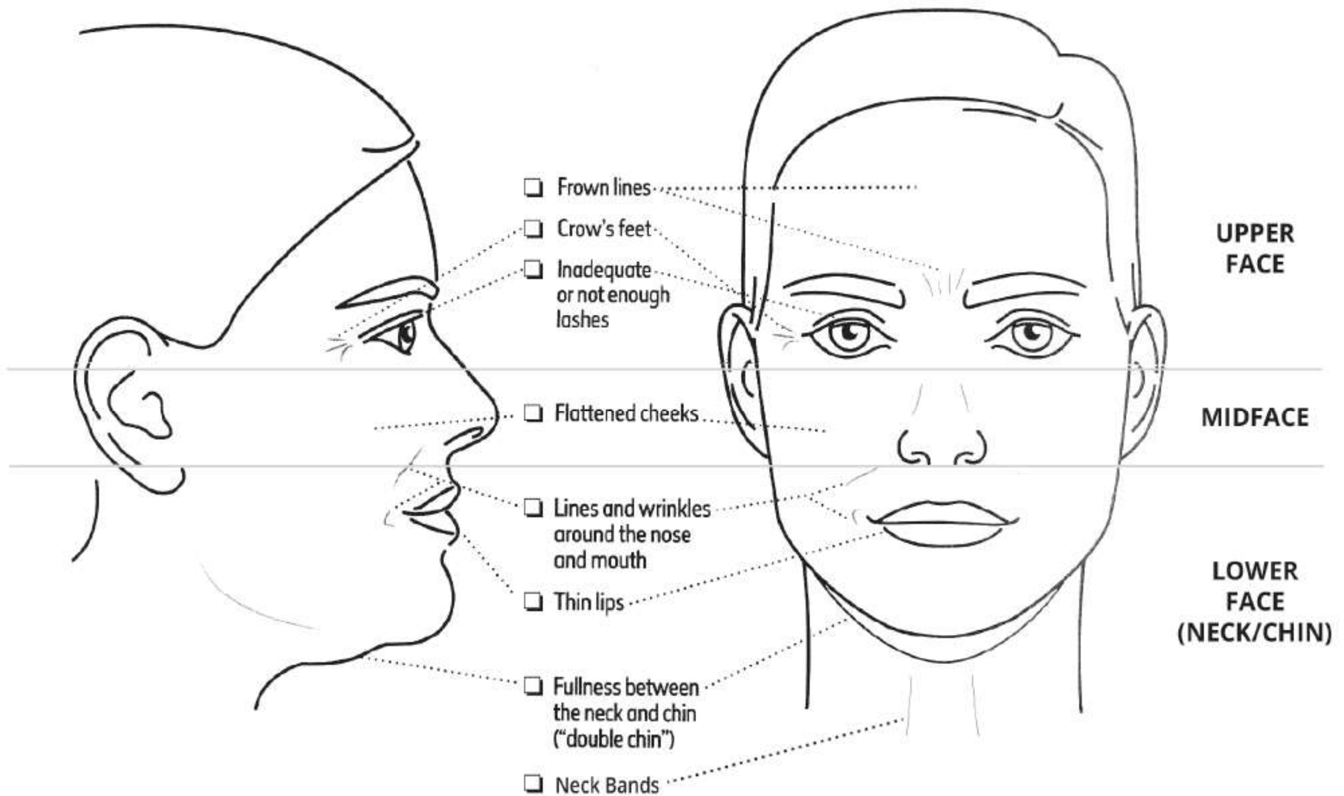
SELF-ASSESSMENT

Patient's Name: ____ Date of Birth: ____

What brings you in today? ____

Select which areas of the face concern you on the diagram below.
By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.



Other areas of concern:

☐ Hair Removal ☐ Skin Texture ☐ Brown Spots ☐ Skin Appearance, specifically _______________________________________

Please complete and return this form to the front office before your consultation.