

AESTHETIC INTEREST FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all symptoms and/or concerns you are currently experiencing:

**Pain & Physical Discomfort Mental & Emotional**

Joint Pain Fatigue

Muscle pain or soreness Brain fog

Muscle weakness or fatigue Trouble concentrating

Back Pain Mood swings

Knee pain Anxiety

Muscle spasms Sleep issues

Poor posture or core weakness Postpartum changes

Low Motivation

**Pelvic Urological Health Body Contouring & Wellness**

Incontinence (leaking urine) Stubborn fat areas

Urgency with urination Desire to tone muscles

Pelvic floor weakness Lack of abdominal definition

Erectile Dysfunction Recovery post-pregnancy

(diastasis recti)

**Aesthetic & Skin Wellbeing Other Concerns**

Wrinkles or fine lines Excessive sweating

Facial volume loss (hyperhidrosis)

Sagging skin General skincare concerns:

Sunspots or pigmentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uneven skin tone or texture Other:

Enlarged pores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acne or Acne scars

Under-eye bags or dark circles

*Please complete and email to* [*marnieg@infusion-care.com*](mailto:marnieg@infusion-care.com) *or fax to (702) 998-4445*

Would you like to be contacted by our Functional Wellness & Aesthetics Department regarding your symptoms above? YES  NO

If YES, please indicate the best way to contact:  PHONE CALL  EMAIL