

 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* *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