



Optimal Health?

	No		Somewhat		Very
Do you experience chronic pain?	1	2	3	4	5
Do you feel fatigued or tired?	1	2	3	4	5
Do you have any joint pain that causes you to stop or modify daily activities?	1	2	3	4	5
Are you concerned about early signs of aging?	1	2	3	4	5
How interested are you in learning about Botox?	1	2	3	4	5
Are you concerned about your physical or facial appearance?	1	2	3	4	5
Is there a difference or change in your skin tone/texture/color over the past 5-15 years?	1	2	3	4	5
Do you feel depressed?	1	2	3	4	5
Do you experience mood swings?	1	2	3	4	5
Do you experience anxiety?	1	2	3	4	5
Are you anxious, nervous or irritable?	1	2	3	4	5
How satisfied are you with the quality of your sleep?	1	2	3	4	5
Are you concerned with excess fat around your face or body?	1	2	3	4	5
Are you concerned with your ability to lose or maintain weight?	1	2	3	4	5
Are you concerned with lack of sexual desire or function?	1	2	3	4	5
Do you experience hot flashes?	1	2	3	4	5
Are you concerned with memory loss or do you have trouble concentrating?	1	2	3	4	5

Have you recently been involved in a motor vehicle accident?

YES

NO

Have you ever been in a motor vehicle accident?

YES

NO

Have you ever been injured while playing sports?

YES

NO

Are you concerned about any skin issues? (Circle all that apply)

ACNE

WRINKLES

THINNING SKIN

DRY SKIN

FINE LINES

CROW'S FEET

If I could improve my health or appearance it would be:
