Laser Consultation Tool

laserclinics

1. Your details

NAME: _____

DOB: _____

PHONE: _____

E-MAIL: _____

2. What results are you looking to achieve?

_____

_____

_____

3. Note down your eye, hair and skin colour.

Eyes

- ☐ Blue
- ☐ Brown
- ☐ Green
- ☐ Dark Brown

Hair

- ☐ Blonde
- ☐ Brown
- ☐ Other
- ☐ Red
- ☐ Black

Skin

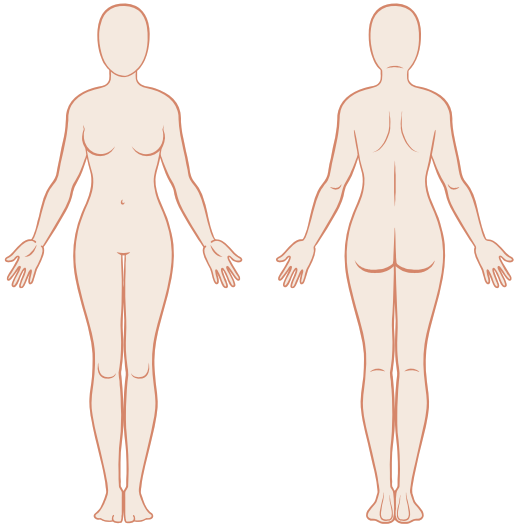
- ☐ Fair
- ☐ Darker
- ☐ Olive

4. Select the areas you would like this tailored treatment for.

_____

_____

_____



- ☐ Legs
- ☐ Brazilian
- ☐ Face
- ☐ Stomach
- ☐ Arms
- ☐ Underarms
- ☐ Chest
- ☐ Back
- ☐ Hands
- ☐ Fingers
- ☐ Feet
- ☐ Toes
- ☐ Shoulders
- ☐ Buttocks

5. Would you like any add-ons for your tailored treatment?

_____

_____

6. Are you currently using any tailored skincare for laser or skin treatments? If yes, note down the brands and routine.

_____

_____

_____

7. Have you considered a tailored body consultation?

_____

_____

_____

8. Are you aware that we also offer Cosmetic Injectable treatments performed by our Registered Nurses and Doctors. Would you be interested in a consultation?

- ☐ Yes
- ☐ No

_____

_____

_____

9. Do you have any special events coming up in the next 6 months we can create a tailored plan for you?

_____

_____

_____