

PATIENT ASSESSMENT

Patient name _____

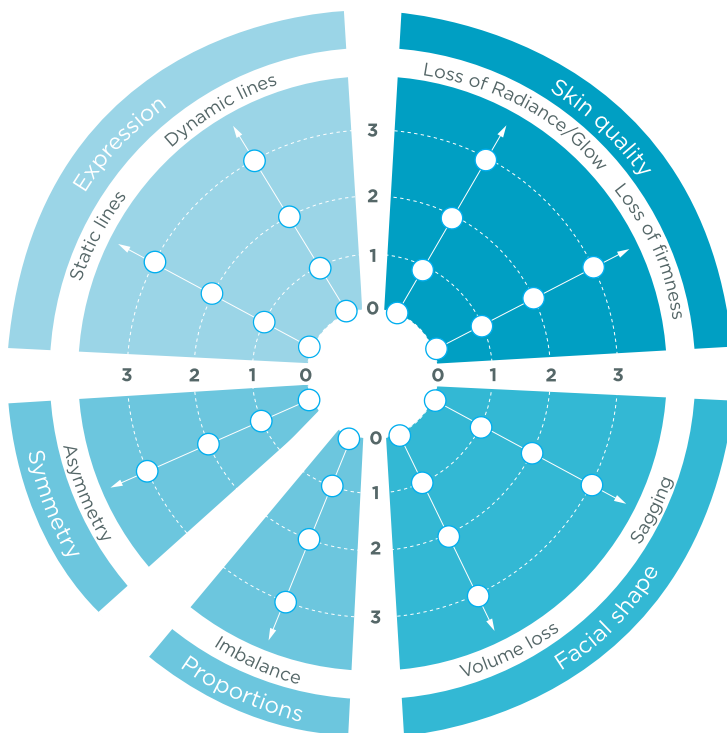
Date _____

Contact number _____

Facial Assessment Scale (FAS)

With the patient, for the five categories below please:

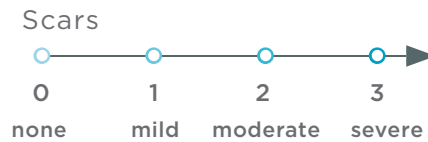
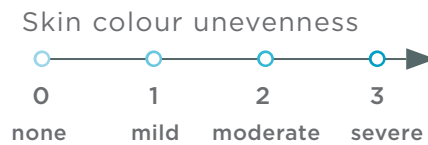
- Grade the severity of each feature using the «Severity Evaluation Scale».
- Shade the dots to better visualize your patient's treatment needs.



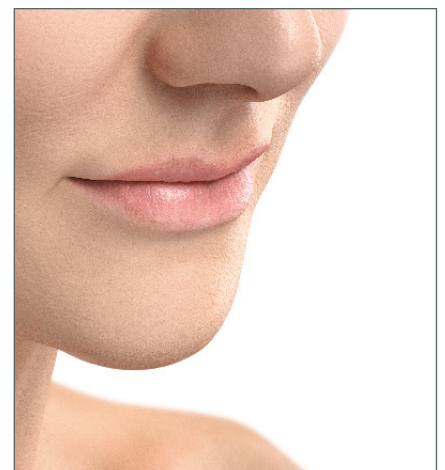
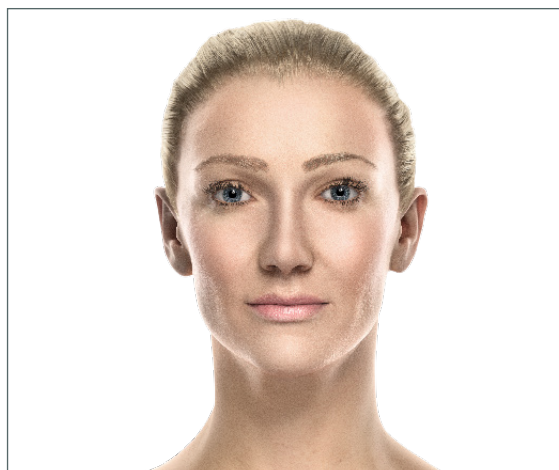
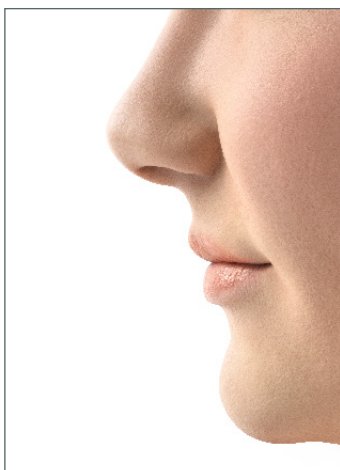
SEVERITY EVALUATION SCALE



ADDITIONAL SKIN EVALUATION



Facial Assessment Scale (FAS)



TREATMENT PLAN

Your Facial Assessment



Skin quality:



Facial shape:



Facial proportion and contour:



Facial symmetry:



Animation and emotional: expression:



Comments

DATE/ FREQUENCY	AREA	TREATMENT	COST GUIDE

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