Dr Roz MD
Total Health and Wellness for Women

A Personalized Anti-Aging and Wellness System

5 KEYS TO GRACEFUL AGING

1 Detoxification and Replenish

2 Rebalance Hormones

3 Restore Vitality

4 Optimize the Gut Microbiome

5 Zone out on stress

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Hormone Checklist

Name: _____

Date Of Birth: _____ **Todays Date:** _____

If you have experienced the following symptoms. 1-Mild to 10-Very Severe

	1	2	3	4	5	6	7	8	9	
Sleep Disruptions										
Fatigue										
Vaginal Dryness										
Irritability										
Nervousness										
Anxiety										
Panic Attacks										
Aging Rapidly										
Breast Tenderness										
Hot Flashes										
Night Sweats										
Mood Swings										
Loss of Recent Memory										
Weight Gain										
Decreased Sex Drive										
Harder To Reach Climax										
Depression										
Fluid Retention										
Headaches										
Hair Loss										
Irregular Bleeding										
Leaky Bladder										
Stress										
Constipation										
Heart Palpitations										
Other										

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Dr. Roz's Cosmetic Medical Treatments

Please take a moment to answer the questions below. While addressing your medical concerns, you may be unaware that we are pleased to offer our valued clients the leading edge in technology for non-surgical medical aesthetic procedures.

Live well, be well!

I'm starting to notice fine lines, or wrinkles and I'd like to hear if **BOTOX®** can help.
Yes _____ No _____

I want smooth, lifted cheeks, or plumper lips! I'd love to learn if I'm a good candidate for **dermal filers.**
Yes, Juvederm Voluma® for cheeks _____ Yes, Juvederm Vobella® for lips _____ No _____

The **BBL laser** can stimulate collagen production, tone and tighten sagging skin, smooth lines and wrinkles, erase age spots and improve the overall texture of your skin. 1 want to get started!
Yes _____ No _____
If "Yes", which conditions are you interested in treating?
tone sagging skin _____ lines & wrinkles _____ texture _____ pore size _____ loss of volume _____

I'm interested in an Anti-Aging facial using **Hydrafacial®**. Yes _____ No _____

I changed my diet, I'm working out, but I'm not in love with my results! I heard Non-Invasive **Coolsculpting®** tones, tightens, and eliminates stubborn fat. Let's book a session please!
Yes _____ No _____

I'm frustrated with the extra fat in my stomach, thighs, back, arms, buttocks, neck or face. Can we talk more about **Laser Liposuction**? Yes _____ No _____
If "Yes", which areas are you interested in treating?
inner and outer thighs _____ hips _____ buttocks _____ abdomen _____ flanks _____ arms _____

I'm fed up with waxing, plucking, shaving, ingrown hairs, razor bumps and scars! I want to schedule a **Laser Hair Removal** consultation. Yes _____ No _____

Treat the whole body with intravenous **(IV) Vitamins and Minerals**. Take advantage of getting 100% of vitamins and feel amazing. Can I hear more about (IV) Vitamins ? Yes _____ No _____

Thermiva® offers your complete vaginal rejuvenation by tightening and adding moisture for increased pleasure during intimacy. Tell me more please! Yes _____ No _____

I'm not feeling myself lately. I'd like to see if **Testosterone Pellets** can boost my energy and my libido.
Yes _____ No _____

Would you like to include either of the following quick services to your visit today?
B-12 shot for a boost in energy. Yes _____ No _____
Lipo-B shot to accelerate your weight loss. Yes _____ No _____

Patient Name _____ Date _____

E-Mail _____ Cell Phone # _____

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SELF-ASSESSMENT

Please complete and return this form to the front office

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NAME: _____ DATE OF BIRTH: _____ DATE: _____

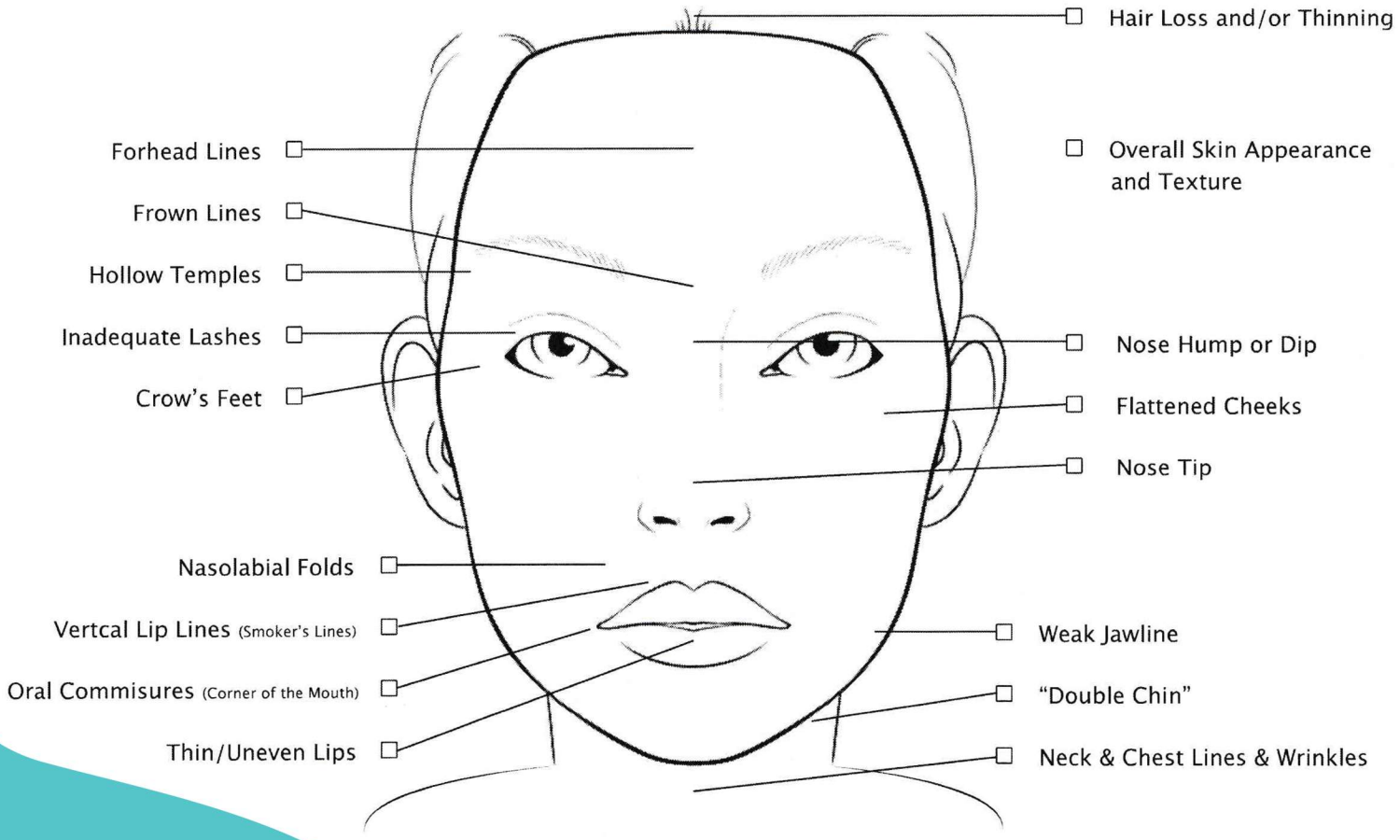
What brings you in today? _____

Other than the services we have already provided for you, what additional services would like to learn about? Please check all that apply.

❑ Skin care advice	❑ Facial veins	❑ Scar revision
❑ Skin care products	❑ Facial redness	❑ Breast size
❑ Facial injectables/fillers	❑ Brown spots/age spots/freckles	❑ Abdominal area
❑ Facial fine lines/wrinkles	❑ Drooping brow	❑ Hips
❑ Thin lips	❑ Drooping eyelids	❑ Legs
❑ Length of eyelashes	❑ Nose size or shape	❑ Facial contouring
❑ Fullness of eyelashes	❑ Facial fullness/drooping	❑ Body contouring
❑ Darkness of eyelashes	❑ Mole removal	❑ Unwanted hair
❑ Chemical peel	❑ Neck wrinkles	
❑ Blotchy skin	❑ Make up	

Select which areas of the face concern you on the diagram below.

By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.



SELF-ASSESSMENT

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Your Top 3 Areas of Concern:

1-

2-

3-

Your treatment plan timeline;

for office use only