



Complete Facial Assessment

Patient Name: _____

Date of Birth: _____

Patient Objective: _____





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Upper face	Observations	Recommendations
Glabellar		
Peri Orbital Lines		
Transverse Lines		
Upper & lower lids		
Under eyes		
Mid face		
Cheek laxity		
nasolabials		
Peri oral lines		
Facial contouring		
Lip dimensions		
Lip Volume		
Lower Face		
Oral Commissures		
Jaw-Line		
Jowls		
Neck & Décolleté		
Skin		
Texture		
Pore Size		
Hyper-Pigmentation		
Skin Laxity		
Skin Volume		
Hands		
Texture		
Volume		
Age Spots		

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