



## Cosmetic Interest Questionnaire

Please complete the following form and return to the front desk so that we may best serve your needs.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

YES \_\_\_\_ NO \_\_\_\_ I would like to be contacted for further information, events, and promotions.

For the following statements, please check off the areas that interest you at this time:

YES \_\_\_\_ NO \_\_\_\_ I would like to improve the condition and appearance of my skin.

YES \_\_\_\_ NO \_\_\_\_ When looking at my face in the mirror, I believe I look older than my true age.

YES \_\_\_\_ NO \_\_\_\_ I am interested in surgical procedures for body shaping and sculpting.

YES \_\_\_\_ NO \_\_\_\_ I am interested in non-surgical options to correct fine lines and wrinkles.

YES \_\_\_\_ NO \_\_\_\_ I am interested in rejuvenating my eyes.

YES \_\_\_\_ NO \_\_\_\_ I am interested in contouring and re-shaping my nose.

YES \_\_\_\_ NO \_\_\_\_ I am interested in full face rejuvenation.

YES \_\_\_\_ NO \_\_\_\_ I am interested in non-surgical procedures for body shaping and sculpting.

Cosmetic concerns, procedures or products of interest to you (please check all that apply.)

Wrinkles/Fine Lines       Age/Brown Spots       Photofacial       Excessive sweating

Crêpe skin under eyes       Botox®/Dysport       Juvéderm®/Restylane®       Brown spots

Acne/Acne Scars       Skin tightening       Using your own fat for volumizing

Microdermabrasion       Crows Feet       Skin texture       Décolletage (chest)

Corrective skin care       Sun Damage       Neck/Chin/Jawline Contouring

Signature: \_\_\_\_\_