



Cosmetic Interest Questionnaire

Patient information

Name of Patient: _____ **Age:** _____ **Date:** _____
Address _____
Home Phone _____ **Email** _____

Cosmetic Interests

Listed below are minimally invasive treatments offered here in the office. Please read the list below and tell us what procedure(s) you may be interested in. Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Botox® Cosmetic | <input type="checkbox"/> Hyperpigmentation |
| <input type="checkbox"/> AHA and Glycolic peels | <input type="checkbox"/> Liver Spots/Age Spots |
| <input type="checkbox"/> Juvederm™ | <input type="checkbox"/> Removing Leg Veins |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Facial and Eye Treatments |
| <input type="checkbox"/> Avage, Retin-A, or Renova | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Micro-Dermabrasion | <input type="checkbox"/> Spider Vein Treatments |
| <input type="checkbox"/> Eyebrow Enhancement | <input type="checkbox"/> Removing Facial Veins |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Eliminating Underarm Sweating |
| <input type="checkbox"/> Laser Treatments | <input type="checkbox"/> Other, please specify:
_____ |

In order to better understand your specific goals, we would like you to answer the following questions on a scale of 1-5 by checking the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age?

Younger Than True Age Older Than
 1 2 3 4 5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles?

Not Concerned Somewhat Concerned Very Concerned
 1 2 3 4 5

How did you hear about us?

- Website Friend/Relative: _____ Doctor: _____
 Phone book Newsletter Seminar Salon Magazine

If you were referred by a specific person, may we thank them? Yes No