

**Cosmetic Interest Questionnaire**

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

Date: \_\_\_\_\_

Please check any procedures you are interested in learning about:

**Laser Treatments**

- Fine Lines & Wrinkles
- Sun Damage & Brown Spots
- Rosacea & Broken Blood Vessels
- Deep Wrinkles
- Acne Scars / General Scars
- Tattoo Removal
- Birthmarks
- Hair Removal /Reduction

**Injectables**

- Fine lines - Botox
- Fine Lines - Juvederm / Voluma
- Thin Lips - Juvederm / Volbella
- Crow's Feet
- Facial Wrinkles
- Volume Loss - Voluma
- Hand Rejuvenation

**Body Sculpting**

- Kybella
- Coolsculpting
- Ulthera
- Flanks / Stomach / Love Handles
- Thighs / Arms
- Neck / Double Chin / Jawline

**Vein Treatments**

- Sclerotherapy
- Facial Veins
- Leg Veins

**Cosmetic Treatments**

- Chemical Peels
- Mirco Needling
- Microdermabrasion
- Mineral Make Up
- Custom Skincare Regimen
- Latisse for Eyelash Length / Thickness

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

\_\_ Younger Than    \_\_ True Age    \_\_ Older Than

**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

**Please describe your daily routine (please circle one option per category):**

**Sun Exposure:**    Never    Rarely    Sometimes

**Skin Type:**    Acne    Dry    Combination    Oily

**Lifestyle:**    Relaxed    Moderat    Active    Extreme

We often hold seminars or Events that show new products or services offered in our office. May we add you to our email list to make you aware of these events or new services?    \_\_Yes    \_\_No

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

**For Office Use Only**

Provider Name: \_\_\_\_\_

Follow Up	Date	Completed By (Name)
<input type="checkbox"/> Initial Inquiry / Information Mailed	_____	_____
<input type="checkbox"/> Follow Up Call	_____	_____
<input type="checkbox"/> Free Consultation	_____	_____
<input type="checkbox"/> Procedure Scheduled	_____	_____
<input type="checkbox"/> Procedure Completed	_____	_____

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
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