Cosmetic Questionnaire

Patient Name: _____________________________________ Date: ______________________

How did you hear about us? ______________________________________________________

Health issues and procedures of interest to you (please check all that apply).

Would you like more information on treating any of the following conditions:

☐ Skin Cancer Screenings
☐ Sun damaged skin, pre-cancerous lesions (actinic keratosis)
☐ Acne, acne scarring
☐ Rosacea, facial veins
☐ Skin laxity or loss of elasticity
☐ Deep lines and wrinkles
☐ Fine lines and wrinkles
☐ Excess body fat
☐ Birthmarks
☐ Brown spots, age-spots and sun damage on the face, neck, chest, arms, hands
☐ Facial Discoloration (Melasma)
☐ Redness or blood vessels
☐ Excessive Sweating
☐ Leg Veins

Would you like more information on any of the following procedures?

☐ Botox or Dysport to decrease the appearance of fine lines and wrinkles
☐ Restylane, Perlane, and Juvederm dermal fillers for volume restoration, wrinkles, and deeper folds
☐ Pixel skin resurfacing to improve fine lines, texture and sun-damaged skin
☐ Fraxel Repair (deeper) skin resurfacing to improve fine lines, texture and sun-damaged skin
☐ Thermage or Exilis for tightening and the improvement of skin laxity
☐ Coolsculpting non-invasive body contouring for fat loss
☐ Sclerotherapy for unsightly leg veins
☐ Chemical peels for the improvement of texture, excess pigmentation and cellular health
☐ Permanent cosmetics for eyebrows, eyeliner, lip color
☐ Skin Care Advice
☐ Skin Care Products
☐ Non-invasive lasers:
  ☐ Laser Hair removal
  ☐ Photofacial/IPL to improve the appearance of red/brown spot, the appearance of facial veins and redness sometimes caused by Rosacea
  ☐ Laser treatment for spider veins

Would you like to receive information about any specials or upcoming events?  Yes  No

Contact Information:

Phone _______________________________ Email _______________________________