

Cosmetic Interest Questionnaire

Patient Name: _____

Date : _____

Skin concerns/treatments that interest you (please check all that apply):

| | | | |
|---|--|--|---|
| <p><u>FACE:</u></p> <input type="checkbox"/> Botox/Dysport <input type="checkbox"/> Brown/Red Spots <input type="checkbox"/> Crepiness <input type="checkbox"/> Facial Fillers <input type="checkbox"/> Facial Veins <input type="checkbox"/> Fat Reduction <input type="checkbox"/> Double Chin <input type="checkbox"/> Hair Removal <input type="checkbox"/> Lines/wrinkles <input type="checkbox"/> Longer Eyelashes <input type="checkbox"/> Skin Resurfacing <input type="checkbox"/> Skin Tightening <input type="checkbox"/> Thin Lips | <p><u>BODY:</u></p> <input type="checkbox"/> Cellulite <input type="checkbox"/> Fat Reduction <input type="checkbox"/> Hair Removal <input type="checkbox"/> Skin Tightening <input type="checkbox"/> Stretchmarks <input type="checkbox"/> Varicose/Spider Veins <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Hair Restoration <p><u>FEMININE WELLNESS:</u></p> <input type="checkbox"/> Hormone Imbalance <input type="checkbox"/> Vaginal Tightening <input type="checkbox"/> Vaginal Dryness | <input type="checkbox"/> Leaky Bladder <input type="checkbox"/> Decreased Sexual Desire <input type="checkbox"/> Hair Loss <p><u>COSMETIC SURGERY:</u></p> <input type="checkbox"/> Blepharoplasty (eyelid) <input type="checkbox"/> Brazilian Butt Lift <input type="checkbox"/> Breast Surgery <input type="checkbox"/> Facelift/Necklift <input type="checkbox"/> Fat Transfer <input type="checkbox"/> Laser Lipo/Liposuction <input type="checkbox"/> Lesion Removal/Mole <input type="checkbox"/> Rhinoplasty/Nose <input type="checkbox"/> Tummy Tuck | <p><u>JUST FOR MEN:</u></p> <input type="checkbox"/> PRP male enhancement <input type="checkbox"/> Eyelid surgery <input type="checkbox"/> Hair Loss <input type="checkbox"/> Fat Loss <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Hair Removal <input type="checkbox"/> BOTOX for sweating <input type="checkbox"/> Fine Lines/Wrinkles |
|---|--|--|---|

Please answer by circling the appropriate number:

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

| | | | | |
|---------------------|---|-----------------|---|-------------------|
| <i>Younger Than</i> | | <i>True Age</i> | | <i>Older Than</i> |
| 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.

| | | | | |
|----------------------|---|---------------------------|---|-----------------------|
| <i>Not Concerned</i> | | <i>Somewhat Concerned</i> | | <i>Very Concerned</i> |
| 1 | 2 | 3 | 4 | 5 |

When looking in the mirror, I notice, somewhat notice, or do not notice my lashes getting thinner or shorter or lighter over time.

| | | | | |
|-----------------------|---|----------------------------|---|------------------------|
| <i>Not Noticeable</i> | | <i>Somewhat Noticeable</i> | | <i>Very Noticeable</i> |
| 1 | 2 | 3 | 4 | 5 |

Which of the following best describes your skin type? (Please circle one)

I Always burns, never tans
 IV Rarely burns, always tans

II Always burns, sometimes tans
 V Brown, moderately pigmented skin

III Sometimes burns, always tans
 VI Black skin

Help us get to know you!

1. What hobby would you get into if time and money weren't an issue? _____
2. What is something you like to do the "old fashioned" way? _____
3. How do you unwind/decompress? _____
4. What fad/trend do you hope comes back? _____
5. Name something a ton of people are obsessed with but you just don't see the point _____

| | |
|---------------------------------|--|
| Best phone number to reach you: | |
| Email address: | |

Patient Signature: _____

Date: _____