

COSMETIC INTEREST QUESTIONNAIRE

****This questionnaire is optional. Only fill out if interested ****
Additional information and consultation appointments are available.
367-3625 OR 367-0707

Patient Name: _____ Date: _____

Please provide email address to be notified about product specials and upcoming events.

Email address

Procedures or products of interest to you (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> BOTOX® Cosmetic for wrinkles
(frown lines, crow's feet) | <input type="checkbox"/> Dermal fillers |
| <input type="checkbox"/> BOTOX® for excessive underarm sweating | <input type="checkbox"/> Anti-aging skin care products |
| <input type="checkbox"/> Laser treatments for red blood vessels | -SkinCeuticals |
| <input type="checkbox"/> Laser treatments for acne | -RevaleSkin (CoffeeBerry) |
| <input type="checkbox"/> Laser photo rejuvenation | -Topix (Replenix) |
| <input type="checkbox"/> Laser hair removal | |
| <input type="checkbox"/> Laser treatment of sunspots
(age spots, liver spots) | <input type="checkbox"/> All mineral makeup line with
sunscreen and anti acne/Rosacea
benefit |
| <input type="checkbox"/> Micro-dermabrasion | -Jane Iredale |
| <input type="checkbox"/> Chemical peels (Vitalize®, β-LIFTx®) | |
| <input type="checkbox"/> Prescription products
-Retin-A | |

Please answer the following questions on a scale of 1 to 5 by circling 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

What number would you like to be contacted at for further information?