

Cosmetic Interest Questionnaire

Patie	nt Name:		Date:		
Skin c	onditions of concern and proc	cedures/products of inter	est to you (ple	ease check all th	at apply)
	BOTOX Cosmetic (Botulinum To PhotoFacial Juvederm or Restylane Thera Skin Rejuvenation Chemical Peels Micro-Dermabrasion Facials and Eye Treatments Laser Skin Tightening Kybella	apy	Removing F Laser Resur Hair Remov Acne and A Liver Spots/ Retin A or F Skin Care P	rfacing val cne Scars /Age Spots Renova rroducts	
Pleas numb	e answer the following quoer.	estions on a scale of :	1 to 5 by circ	ling the appro	priate
When	looking at my face in the mir	ror, I believe I look youn	ger, the same	as, or older tha	n my true age
1	Younger Than 2	True Age 3	4	Older Than	5
	looking in the mirror, I am no arance of my wrinkles.			very concerned	about the
1	Not Concerned 2	Somewhat Concer 3	ned 4	Very Concerne	d 5
	looking in the mirror, I am no ion of my skin.	ot concerned, somewhat	concerned, or	very concerned	about the
1	Not Concerned 2	Somewhat Concer 3	ned 4	Very Concerne	d 5
My ma	ain concerns are:				
What	other services would you like	to see us offer?			