Cosmetic Interest Questionnaire

For many people, changes in physical appearance as we age can have a significant impact on self-confidence and even quality of life. Fortunately, today there are many options available to dramatically enhance and improve one’s appearance, and reverse signs of aging.

Contact Information

Name: _______________________________________________________

Address: ______________________________________________________________________________________

City: ______________________  State: _________  ZIP: ___________

Home phone: ___________________ Mobile phone: ________________

Work phone: ______________________________________________________________________________________

E-mail address: ____________________________________________________________________________________

Please indicate your preferred method of contact: ____________________

By letting us know your concerns and preferences, we can help you decide which treatments will offer you the best results.

For the following statements, please circle the number that best reflects your opinion, with 1 as agreeing the least and 5 as agreeing the most.

1. If effective, non-surgical options were available to successfully correct my lines and wrinkles, I would be interested.

   1            2            3            4            5

2. I would prefer correcting my wrinkles and lines with a product that does not contain animal-derived ingredients.

   1            2            3            4            5
3. What cosmetic procedures, if any, have you had in the past?
____________________________________________________________________________

4. If you have previously had any cosmetic procedures, were you pleased with the outcome?
☐ Yes ☐ No

If no, in what way were you dissatisfied?
____________________________________________________________________________

5. Sometimes the best results can be achieved through different products or procedures by using multiple products or procedures. Please let me/us know which of the following would interest you. Check all that apply.

☐ Dermal fillers such as Restylane® ☐ Skin-care advice
☐ AHA and glycolic peels ☐ Skin-care products
☐ Skin rejuvenation ☐ Birthmark correction
☐ Topical wrinkle treatments such as RENOVA® ☐ Liver spot/age spot correction
☐ Microdermabrasion ☐ Sunscreen advice
☐ BOTOX® Cosmetic ☐ Leg vein correction or removal
☐ Acne treatment ☐ Facials and hair treatments
☐ Chemical peels ☐ Hair removal
☐ Laser resurfacing ☐ Facial vein removal or correction
☐ Laser treatments ☐ Other (please specify): __________
                                                                                       ____________________________
6. If our office hosted an event to inform patients about cosmetic procedures, would you be interested in attending?

☐ Yes ☐ No

If yes, may we contact you about these events?

☐ Yes ☐ No  Signature______________________________

7. How did you hear about our practice?

☐ Physician ☐ Internet

☐ Friend or family member ☐ Phone book

☐ Seminar ☐ Advertisement or article (please specify):

☐ Insurance company ☐ Other (please specify):

8. If you were referred by one of our patients, please let us know the name so that we may thank him or her. __________________________________________________________

Thank You.
With respect to signs of aging, please highlight those areas of the face that bother or trouble you. In the box provided, please rate these areas on a scale of 1 to 5 (1 being least bothersome, 5 being most bothersome).

- Forehead
- Freckles and pigmentation
- Blood vessels
- Scarring
- Vertical lip lines (smokers' lines)
- Large pores, poor skin texture & fine lines
- Frown lines
- Crow's feet
- Dark circles
- Nose-to-mouth lines
- Marionette lines