Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

Skin conditions of concern and procedures/products of interest to you (please check all that apply)

- ☐ BOTOX Cosmetic (Botulinum Toxin Type A)
- ☐ PhotoFacial
- ☐ Juvederm or Restylane Therapy
- ☐ Skin Rejuvenation
- ☐ Chemical Peels
- ☐ Micro-Dermabrasion
- ☐ Facials and Eye Treatments
- ☐ Laser Skin Tightening
- ☐ Kybella
- ☐ Spider Vein Treatments
- ☐ Removing Facial Veins
- ☐ Laser Resurfacing
- ☐ Hair Removal
- ☐ Acne and Acne Scars
- ☐ Liver Spots/Age Spots
- ☐ Retin A or Renova
- ☐ Skin Care Products
- ☐ Other, please specify_____

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

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the condition of my skin.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

My main concerns are:

_____

_____

What other services would you like to see us offer?

_____

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