



COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Email Address: _____

Cosmetic goals, procedures or products of interest to you (please check all that apply).

- Skin Rejuvenation (wrinkles, loose skin, age spots, other): face
- Skin Rejuvenation (wrinkles, loose skin, age spots, other): neck/décolleté
- Skin Rejuvenation: other area: _____ problem: _____
- Acne scars or other scars
- Hair Restoration
- Body Contouring
- Cellulitis Treatment (Orange peel skin)
- Microneedling- CIT (Collagen Induction Therapy)
- Neuromodulators (eg. Botox)
- Dermal Fillers
- PRP (Platelet Rich Plasma) for skin
- PRP (Platelet Rich Plasma) for hair restoration
- Medical Peels
- Esthetic facials, treatments and peels

How did you hear about us?

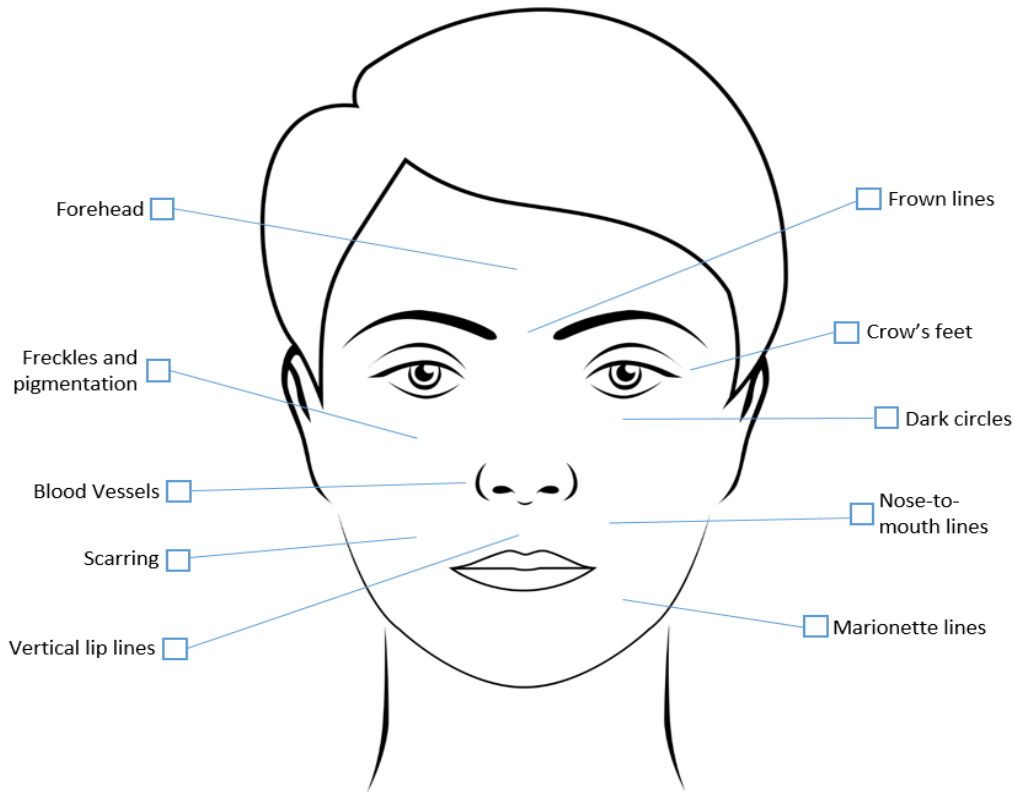
- My Doctor: (full name) _____
- My insurance company provider (name) _____
- Friend or family member (name) _____
- The internet (website or other, please list) _____
- Advertisement _____
- Other, please specify _____

Approval to Email you with exciting updates and news about our business and promotions

Patient Signature: _____



With respect to signs of aging, please highlight the areas of the face that bother or trouble you.



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, 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 skin.

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