



Cosmetic Questionnaire

Patient Name: _____ Date: _____

How did you hear about us? _____

Health issues and procedures of interest to you (please check all that apply).

Would you like more information on treating any of the following conditions:

- Skin Cancer Screenings
- Sun damaged skin, pre-cancerous lesions (actinic keratosis)
- Acne, acne scarring
- Rosacea, facial veins
- Skin laxity or loss of elasticity
- Deep lines and wrinkles
- Fine lines and wrinkles
- Excess body fat
- Birthmarks
- Brown spots, age-spots and sun damage on the face, neck, chest, arms, hands
- Facial Discoloration (Melasma)
- Redness or blood vessels
- Excessive Sweating
- Leg Veins

Would you like more information on any of the following procedures?

- Botox or Dysport to decrease the appearance of fine lines and wrinkles
- Restylane, Perlane, and Juvederm dermal fillers for volume restoration, wrinkles, and deeper folds
- Pixel skin resurfacing to improve fine lines, texture and sun-damaged skin
- Fraxel Repair (deeper) skin resurfacing to improve fine lines, texture and sun-damaged skin
- Thermage or Exilis for tightening and the improvement of skin laxity
- Coolsculpting non-invasive body contouring for fat loss
- Sclerotherapy for unsightly leg veins
- Chemical peels for the improvement of texture, excess pigmentation and cellular health
- Permanent cosmetics for eyebrows, eyeliner, lip color
- Skin Care Advice
- Skin Care Products
- Non-invasive lasers:
 - ❖ Laser Hair removal
 - ❖ Photofacial/IPL to improve the appearance of red/brown spot, the appearance of facial veins and redness sometimes caused by Rosacea
 - ❖ Laser treatment for spider veins

Would you like to receive information about any specials or upcoming events? qYes qNo

Contact Information:

Phone _____ Email _____