Cosmetic Interest Questionnaire

Name: _____ Date of birth: _____

If you could change one thing about your appearance what would it be? _____

_____

Cosmetic issues of interest to you that you wish to discuss today (please check all that apply)

□ Skin Care Advice □ Skin Care Products □ BOTOX® / XEOMIN® □ Juvéderm®, Belotero®, Radiesse®, Sculptra® □ Facial Fine Lines/Wrinkles □ Chemical Peels	□ Facial Redness □ Brown Spots/Age spots/Freckle □ Drooping Brow or Eyelids □ Facial Mole Removal □ Facial Fullness/Drooping □ Nonsurgical body Contouring □ Latisse®	□ Blotchy Skin □ Unwanted Body Hair □ Scar Revision □ Retin-A®/Renova® □ Excess Sweating Hands/Feet/Armpits □ Laser resurfacing

Would you like more information via email? If so, please list your email here: _____

For Staff Use Only

FOLLOW UP	DATE	COMPLETED BY (NAME)
□Procedure Scheduled		
□Email Updated		

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