COSMETIC INTEREST QUESTIONNAIRE
(OPTIONAL)

Patient Name: _____ Date: ____/____/____

Health issues & procedures or products of interest to you (please check all that apply).

- ❑ BOTOX® Cosmetic (Botulinum Toxin Type A)
- ❑ AHA & Glycolic Peels
- ❑ Collagen Therapy
- ❑ Skin Rejuvenation
- ❑ Avage™, Retin-A or Renova
- ❑ Micro-Dermabrasion
- ❑ Acne
- ❑ Chemical Peels
- ❑ Laser Resurfacing
- ❑ Laser Treatments
- ❑ Skin Care Advice
- ❑ Excessive Sweating
- ❑ Birthmarks
- ❑ Liver Spots/Age Spots
- ❑ Wrinkles
- ❑ Removing Leg Veins
- ❑ Facials & Eye Treatments
- ❑ Hair Removal
- ❑ Spider Vein Treatments
- ❑ Removing Facial Veins

❑ 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

How did you hear about us?

- ❑ My physician/nurse (full name) _____
- ❑ My insurance company provider (name) _____
- ❑ The yellow pages (specify advertisement) _____
- ❑ A friend or family member (name) _____
- ❑ Another person not listed above (name) _____

Please provide the name of the person who referred you so we can thank them.

- ❑ Internet
- ❑ A seminar where I saw the doctor. The event took place on (date) ____/____/____ at (location)

_____

- ❑ Approval to Send Information _____

Patient Signature

Thank You!