

Aesthetic Interest Questionnaire

What are your areas of concern? *(Please check all that apply).*

- | | |
|---|---|
| <input type="checkbox"/> Frown lines between brows
<input type="checkbox"/> Significant lines around nose and mouth
<input type="checkbox"/> Tired-looking skin
<input type="checkbox"/> Facial hair
<input type="checkbox"/> Acne
<input type="checkbox"/> Freckles | <input type="checkbox"/> Fine lines and wrinkles
<input type="checkbox"/> Rough skin texture
<input type="checkbox"/> Sagging skin
<input type="checkbox"/> Hyperpigmentation
<input type="checkbox"/> Dark circles under eyes
<input type="checkbox"/> Dry skin |
|---|---|

When looking at my face in the mirror, I believe I look younger than, the same as, or older than my true age.

Younger Than		True Age		Older Than
1	2	3	4	5

When looking at my face 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

Recommendations Skin Analysis & Skin Care

(Office use only)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Are you interested in learning more about the following?

- Botox Cosmetic
- Microdermabrasion
- Facials or Chemical Peels
- Sun Protection
- Skin Care including Retin-A
- Acne topical treatment and creams
- Injectable gel / wrinkle filler
- Skin rejuvenation
- Age spots
- Birthmarks
- Facial Vein treatment
- Spider Vein treatment
- Large Vein removal
- Hair removal
- Laser skin resurfacing and laser treatments

How did you hear about us?

Friend or family member (name)

Print Ad / Article / Internet website

Other

Thank you!

Your Name (please print)

Contact Number (Home or Cell Phone)

Email address (Receive information, announcements, special offers)