

Cosmetic Interest Questionnaire

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

- Frown lines between brows
- Significant lines around nose and mouth
- Tired-looking skin
- Facial hair
- Acne
- Freckles
- Fine lines and wrinkles
- Rough skin texture
- Sagging skin
- Hyper-pigmentation
- Dark circles under eyes
- 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 |

Are you interested in learning more about the following?

- Injectables
- Facials
- Chemical peels
- Sun protection
- Acne topical treatment and creams
- Alpha Hydroxy acid and glycolic peels
- Other skincare products
- Skin rejuvenation
- Age spots / Liver spots
- Facial vein removal
- Spider vein removal
- Hair removal / waxing
- Laser treatments

RECOMMENDATIONS SKIN ANALYSIS & SKINCARE

(Office use only)

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

How did you hear about us?

Friend or family member (name)

Print Ad / TV / Article / Internet Website

Other (please specify)

Thank You!

Your Name (please print)

Contact Number (Home or Cell Phone)

Email Address

(Receive information, announcements, special offers & discounts)



With respect to the signs of aging, please highlight those areas of the face that bother or trouble you. In the box provided, please rate those areas on a scale of 1 to 5 (1 being least bothersome, 5 being most bothersome).

