



**COSMETIC INTEREST QUESTIONNAIRE**

Dear Patient: Our goal is to respond to all of our patient’s needs and to provide the highest quality care. In order to provide the information and services you desire on the health and appearance of your skin, we invite you to complete the following questionnaire:

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Wrinkle Reduction             | <input type="checkbox"/> Skin Care Advice       |
| <input type="checkbox"/> AHA and Glycolic Peels        | <input type="checkbox"/> Skin Care Products     |
| <input type="checkbox"/> Juvederm                      | <input type="checkbox"/> Liver Spots/Age Spots  |
| <input type="checkbox"/> Radiesse                      | <input type="checkbox"/> Sunscreen Advice       |
| <input type="checkbox"/> Skin Texture                  | <input type="checkbox"/> Facials/Eye Treatments |
| <input type="checkbox"/> Micro-Dermabrasion            | <input type="checkbox"/> Hair Removal           |
| <input type="checkbox"/> Acne Scars                    | <input type="checkbox"/> Spider Vein Treatments |
| <input type="checkbox"/> Chemical Peels                | <input type="checkbox"/> Removing Facial Veins  |
| <input type="checkbox"/> Laser Treatments              | <input type="checkbox"/> Lip Augmentation       |
| <input type="checkbox"/> Brown Spots                   | <input type="checkbox"/> Freckles               |
| <input type="checkbox"/> Major lines around nose/mouth | <input type="checkbox"/> Skin Rejuvenation      |

**Other: (please explain)** \_\_\_\_\_

**How did you hear about us?**

My Doctor or Insurance Company Provider: \_\_\_\_\_

Ad (specify advertisement): \_\_\_\_\_

A Friend or Family Member: \_\_\_\_\_

Other: \_\_\_\_\_

**I WOULD LIKE TO BE CONTACTED FOR FURTHER INFORMATION, EVENTS AND PROMOTIONS. THE BEST WAY TO CONTACT ME IS:**

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_