Cosmetic Interest Questionnaire

For many people, changes in physical appearance as we age can have a significant impact on self-confidence and even quality of life. Fortunately, today there are many options available to dramatically enhance and improve one's appearance, and reverse signs of aging.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____Mobile phone: _____

Work phone: _____

E-mail address: _____

Please indicate your preferred method of contact: _____

By letting us know your concerns and preferences, we can help you decide which treatments will offer you the best results.

For the following statements, please circle the number that best reflects your opinion, with 1 as agreeing the least and 5 as agreeing the most.

1. If effective, non-surgical options were available to successfully correct my lines and wrinkles, I would be interested.

   1 2 3 4 5

2. I would prefer correcting my wrinkles and lines with a product that does not contain animal-derived ingredients.

   1 2 3 4 5

3. What cosmetic procedures, if any, have you had in the past?

_____

4. If you have previously had any cosmetic procedures, were you pleased with the outcome?

☐ Yes ☐ No

If no, in what way were you dissatisfied?

_____

5. Sometimes the best results can be achieved through different products or procedures by using multiple products or procedures. Please let me/us know which of the following would interest you. Check all that apply.

☐ Dermal fillers such as *Restylane*®

☐ AHA and glycolic peels

☐ Skin rejuvenation

☐ Topical wrinkle treatments such as RENOVA®

☐ Microdermabrasion

☐ BOTOX® Cosmetic

☐ Acne treatment

☐ Chemical peels

☐ Laser resurfacing

☐ Laser treatments

☐ Skin-care advice

☐ Skin-care products

☐ Birthmark correction

☐ Liver spot/age spot correction

☐ Sunscreen advice

☐ Leg vein correction or removal

☐ Facials and hair treatments

☐ Hair removal

☐ Facial vein removal or correction

☐ Other (please specify): _____

_____

6. If our office hosted an event to inform patients about cosmetic procedures, would you be interested in attending?

   ☐ Yes ☐ No

   If yes, may we contact you about these events?

   ☐ Yes ☐ No Signature_____

7. How did you hear about our practice?

   ☐ Physician

   ☐ Friend or family member

   ☐ Seminar

   ☐ Insurance company

   ☐ Internet

   ☐ Phone book

   ☐ Advertisement or article (please specify):
   _____

   ☐ Other (please specify):
   _____

8. If you were referred by one of our patients, please let us know the name so that we may thank him or her. _____

Thank You.

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