



COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____ Chart # _____

Date of Birth: _____ E-Mail Address: _____

Approval to send Medi-Spa e-mail promotions: _____

Patient Signature

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

- | | |
|---|--|
| <input type="checkbox"/> BOTOX® Cosmetic
<input type="checkbox"/> AHA and Glycolic Peels
<input type="checkbox"/> Collagen Therapy
<input type="checkbox"/> Skin Rejuvenation
<input type="checkbox"/> Retin-A, Renova, or Tretinoin
<input type="checkbox"/> Micro-Dermabrasion
<input type="checkbox"/> Acne
<input type="checkbox"/> Chemical Peels
<input type="checkbox"/> Cellulite Reduction
<input type="checkbox"/> Lip Enhancement
<input type="checkbox"/> Laser Skin Resurfacing
<input type="checkbox"/> PhotoDyamicTherapy
<input type="checkbox"/> Acne Scar Reduction
<input type="checkbox"/> *NEW* Latisse Prescription Eyelash Grower
<input type="checkbox"/> Other, please specify _____ | <input type="checkbox"/> Skin Care Advice
<input type="checkbox"/> Skin Care Products
<input type="checkbox"/> Birthmarks
<input type="checkbox"/> Liver Spots/Age Spots
<input type="checkbox"/> Sunscreen Advice
<input type="checkbox"/> Removing Leg Veins
<input type="checkbox"/> Facials and Eye Treatments
<input type="checkbox"/> Hair Removal
<input type="checkbox"/> Wrinkle Fillers
<input type="checkbox"/> Laser Skin Tightening
<input type="checkbox"/> Spider Vein Treatments
<input type="checkbox"/> Removing Facial Veins
<input type="checkbox"/> Obagi, Vivité, other products |
|---|--|

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.

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
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.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

Please Identify in a few words the SINGLE MOST IMPORTANT COSMETIC ISSUE regarding your skin that you would like to address and correct/improve (if possible):

Priority #1: _____

I would like to receive a Complimentary Information Packet.

Thank You!