

Cosmetic Questionnaire

Patient Name: _____

Date : _____

What is your reason for your visit today? _____

Other than the services we have already provided for you, what additional services would you like to learn about? Please check all that apply.

<input type="checkbox"/> Skin care products <input type="checkbox"/> Facial Injectables/ Fillers <input type="checkbox"/> Facial fine lines/wrinkles <input type="checkbox"/> Thin lips <input type="checkbox"/> Length of Eyelashes <input type="checkbox"/> Fullness of Eyelashes <input type="checkbox"/> Darkness of Eyelashes <input type="checkbox"/> Neck wrinkles	<input type="checkbox"/> Blotchy skin <input type="checkbox"/> Facial veins <input type="checkbox"/> Facial redness <input type="checkbox"/> Brown spots/age spots/freckle <input type="checkbox"/> Drooping brow <input type="checkbox"/> Drooping eyelids <input type="checkbox"/> Nose size or shape <input type="checkbox"/> Facial fullness/drooping	<input type="checkbox"/> Scar revision <input type="checkbox"/> Breast size <input type="checkbox"/> Abdominal area <input type="checkbox"/> Hips <input type="checkbox"/> Excessive Sweating <input type="checkbox"/> Facial Contouring <input type="checkbox"/> Body Contouring <input type="checkbox"/> Mole removal
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Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

I have a skin care regimen that works well for me.

<i>Not at all</i>		<i>Some of it works</i>		<i>I am satisfied with my regimen</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	

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the length, thickness, darkness of my eyelashes

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

How did you hear about us?

- ☐ My physician *Full name*:
- ☐ My insurance company provider *Name*:
- ☐ The yellow pages *Specify Ad*:
- ☐ A friend or family member *Name*:
- ☐ Internet
- ☐ The Physician/Practice website
- ☐ Seminar
- Date/location*: _____
- ☐ Other

- ☐ Approval to contact you.
Best phone number to reach you: _____
- ☐ Approval to send you information on products and services (including special offers)
Email address: _____

Brilliant Distinctions

- ☐ Please register me for a rewards program where I can receive coupons and rebates towards cosmetic and aesthetic products and procedures in the office.

☐ *I'm not interested in any additional services provided at this time*