

COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Email Address: _____

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

- | | |
|---|---|
| <input type="checkbox"/> BOTOX® Cosmetic | <input type="checkbox"/> Skin Care Advice |
| <input type="checkbox"/> Juvederm (dermal filler) | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Restylane/Perlane (dermal fillers) | <input type="checkbox"/> Birthmarks |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Liver Spots/Age Spots |
| <input type="checkbox"/> Retin-A or Renova | <input type="checkbox"/> Sunscreen Advice |
| <input type="checkbox"/> Radiesse (dermal filler) | <input type="checkbox"/> Removing Leg Veins |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Facials and Eye Treatments |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Spider Vein Treatments |
| <input type="checkbox"/> Laser Treatments | <input type="checkbox"/> Removing Facial Veins |
| <input type="checkbox"/> Other, please specify _____ | |

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

How did you hear about us?

- My physician (full name) _____
- My insurance company provider (name) _____
- The yellow pages (specify advertisement) _____
- A friend or family member (name) _____
- Another person not listed above (name) _____
Please provide the name of and address of the person who referred you so we can thank them.

- Internet
- Local magazine _____
- Approval to Email promotional offers _____

Patient Signature

Thank You!