

Cosmetic Questionnaire

Dear Patient,

The goal of this practice is to respond to, as well as provide the highest quality care for our needs. In order to provide the highest standard of service regarding our services as well as products, we invite you to complete the following questionnaire:

Please check all that apply:

- Brown spots on face
- Crease near nose/mouth
- Dimpled chin
- Frown lines
- Lines around my eyes
- Lines between my eyes
- Lines on my forehead
- Lines under my eyes
- Looking tired
- Puffy eyes
- Red blotchy skin
- Scarring
- Hollow eyes
- Thin face/no cheeks
- Wrinkles

Please check all services/products that interest you:

- PRP (Platelet Rich Plasma)
- Facial filler
- Botox/Dysport/Xeomin
- Dermabrasion
- Dermaplaning
- Facials
- Acne treatment
- Chemical peels
- Skin care products
- Skin care advice
- Age spot correction
- Sunscreen advice
- Other (Please specify): _____