

Cosmetic Interest Questionnaire

Health issues of interest to you (please check all that apply):

- | | |
|---------------------------------|-----------------------|
| Botox Cosmetic | Hair Removal |
| Chemical Peels | Skin Rejuvenation |
| Juvederm / Restylane / Collagen | Retin A or Renova |
| Radiesse | Acne |
| Microdermabrasion | Skin Care Advice |
| Laser Treatment | Birthmarks |
| Skin Care Products | Sun Damage |
| Age Spots | Spider Vein Treatment |

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.

Younger Than		True Age		Older Than
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.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

- I am concerned with the unevenness of my skin tone.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

How did you hear about us? _____

If referred, by whom? _____