

COSMETIC QUESTIONNAIRE

1) Are you interested in a cosmetic evaluation(Yes/No)? (If No, then you do not have to fill out this form.) _____

2) What cosmetic procedures are you interested in?

___ Botox/Dysport

___ Facial fillers (Restylane, Juvederm)

___ Chemical peels (Salicylic acid or Glycolic peels)

___ Sclerotherapy (Leg vein injections)

___ Laser procedures

___ Skin care products

___ Other _____

3) What cosmetic procedures have you had in the past?

4) How were the outcomes of your previous procedures?

5) What areas of your skin are you concern about and why?

Signature: _____

Print: _____

Date/Time: _____