

COSMETIC CONSULTATION QUESTIONNAIRE

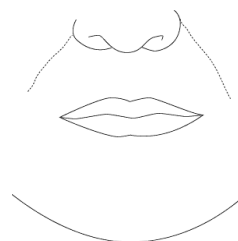
Patient Name: _____ **Date:** _____ **Chart#:** _____

Gender: M F Age _____ Date of birth: _____

Primary cosmetic concern(s): _____

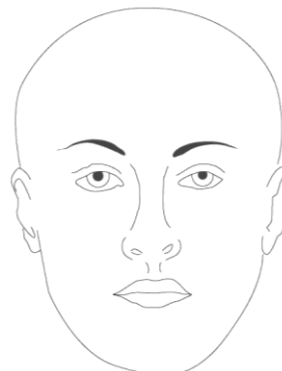
Please prioritize your cosmetic concerns by placing "1" next to the item which concerns you the most, "2" next to a second concern if there is one, etc.

- _____ Red spots/blood vessels
- _____ Brown spots
- _____ Lines/wrinkles
- _____ Scars
- _____ Skin texture/tone/tightening
- _____ Facial/body hair
- _____ Moles/growths
- _____ Other: _____



Please prioritize the areas of concern to you by placing "1" next to the area of most concern, "2" next to a second concern if there is one, etc.

- _____ Face
- _____ Forehead
- _____ Around the eyes
- _____ Cheeks
- _____ Around the mouth
- _____ Lips
- _____ Neck
- _____ Chest
- _____ Arms and hands
- _____ Legs and feet
- _____ Other: _____



Do you consider your facial skin to be: Dry – Normal – Oily – Combination ?

Very sensitive – Somewhat sensitive – Not sensitive to facial products?

Please list the names of all the skin products you apply to your face on a daily basis in order of use. Include cleansers, toners, moisturizers, medications prescribed or otherwise, including specialty products such as masks, wrinkle creams, spot removers, vitamin C, skin lighteners, sunblocks, retinoids, glycolic acids, hydroquinones, etc.

Morning routine:

Evening routine:

Do you go to a spa, have facials, or see an aesthetician?

No Yes

If yes, how frequently and what procedures are performed? _____

Please circle any cosmetic treatments or procedures you have had performed in a physician's office?

Hair removal (waxing/electrolysis/laser) Microdermabrasion Chemical peels Botox Liposuction Sclerotherapy

Fillers (collagen Restylane Perlane Juvederm Silicone Sculptra Radiesse fat injections) other _____

Laser treatments for (facial rejuvenation, facial resurfacing, brown spots, blood vessels, wrinkles, hair removal)

other _____

Plastic surgery procedures: _____

Each of us has an idea of how we would like to approach and address concerns and new procedures. Please rate your approach on a scale of 1-5:

Very cautious → Moderately reserved → Aggressive

1 2 3 4 5

OVER→

