

# COSMETIC INTEREST QUESTIONNAIRE

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

BOTOX Cosmetic (botulinum toxin type A)

AHA and glycolic peels

Fillers

Skin rejuvenation

Retin-A or Renova

Acne

Chemical peels

Laser resurfacing

Laser treatments

Spider vein treatments

Other, please specify: \_\_\_\_\_

Obagi System

Skin care advice

Skin care products

Birthmarks

Liver spots/age spots

Sunscreen advice

Removing leg veins

Facials and eye treatments

Hair removal

Removing facial veins

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**

1

2

**True Age**

3

**Older Than**

4

5

\*When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

**Not Concerned**

1

2

**Somewhat Concerned**

3

**Very Concerned**

4

5

How did you hear about us?

My physician (full name): \_\_\_\_\_

My insurance company provider: \_\_\_\_\_

The yellow pages (specify advertisement): \_\_\_\_\_

A friend or family member (name): \_\_\_\_\_

Another person not listed above (name): \_\_\_\_\_

Please provide the name and address of the person who referred you so we can thank them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An article or advertisement in \_\_\_\_\_

Internet

A seminar where I saw the doctor. The event took place on (date): \_\_\_\_\_

at (location): \_\_\_\_\_