

## Cosmetic Interest Questionnaire

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

When I look in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my skin.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

I am interested in a skincare routine that is most appropriate for my skin type and age.

- Yes  
No thanks

I am interested in learning about anti-aging products and procedures.

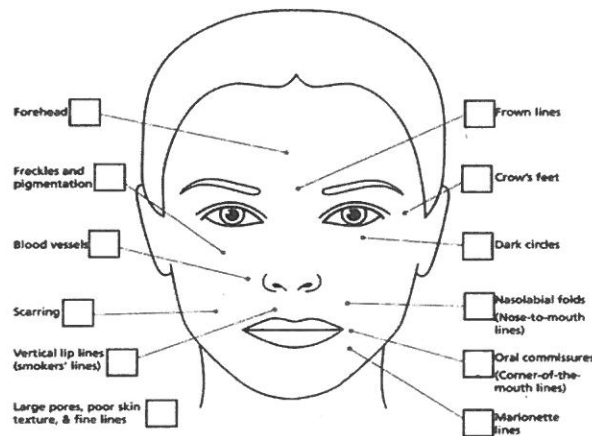
- Yes  
No thanks

**Please indicate the aesthetic treatments and procedures that interest you. Please check all that apply.**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Skin care advice</li> <li><input type="radio"/> Sunscreen advice</li> <li><input type="radio"/> Facial lines and wrinkles</li> <li><input type="radio"/> Sun Spots/ Age spots/<br/>Freckles</li> <li><input type="radio"/> Facial redness/ Blotchy skin</li> <li><input type="radio"/> Sun Damage to neck and<br/>décolletage</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Length/fullness of eyelashes</li> <li><input type="radio"/> Eyelash/Eyebrow Tinting</li> <li><input type="radio"/> Topical wrinkle treatments</li> <li><input type="radio"/> Chemical Peels</li> <li><input type="radio"/> Microdermabrasion</li> <li><input type="radio"/> Skin rejuvenation</li> <li><input type="radio"/> Acne treatments</li> <li><input type="radio"/> Leg veins</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Facial Sagging</li> <li><input type="radio"/> Double Chin/Jowls</li> <li><input type="radio"/> Thin lips</li> <li><input type="radio"/> Lip Lines and wrinkles</li> <li><input type="radio"/> Dermal Fillers</li> <li><input type="radio"/> Botox/Dysport/Xeomin</li> <li><input type="radio"/> PDO Threads</li> <li><input type="radio"/> Hair Loss</li> </ul> |
|---|---|--|

Other (please specify): \_\_\_\_\_

**PLEASE MARK THE DIAGRAM TO INDICATE YOUR CONCERNS**



Would you like to be contacted to schedule a complimentary skin care consultation? Please Circle: YES or NO

Would you like to be on our mailing list to receive monthly specials and events at our office?

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

Visit [www.milambogartderm.com](http://www.milambogartderm.com) for more information