

COSMETIC INTEREST QUESTIONNAIRE

Issues of interest and what brings you in today (please check all that apply):

- BOTOX[®] Cosmetic (Botulinum Toxin Type A)
- Restylane
- Upper Blepharoplasty
- Lower Blepharoplasty
- Retin-A[®] or Renova[®]
- Brow Lifts
- Laser resurfacing
- 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

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) _____

(continued next page)

COSMETIC INTEREST QUESTIONNAIRE (continued)

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

An article or advertisement in _____

Internet

How may we contact you to remind you of your appointment and to schedule your next appointment? Phone: yes or no email: yes or no If yes, please list email address _____ mail: yes or no

It is important that we are aware of **all** previous cosmetic surgeries. Please take the time to be as accurate as possible.

Date: _____ Physician: _____

Procedure: _____

Date: _____ Physician: _____

Procedure: _____

Date: _____ Physician: _____

Procedure: _____

Date: _____ Physician: _____

Procedure: _____

Any chronic medical problems or serious past illnesses? _____

Thank You!