



<u>Cosmetic Interest Questionnaire</u>			
Patient Name:		What service are you interested in?	
Date:			
What additional services would you like to learn about? <i>Please check all that apply:</i>			
<input type="checkbox"/> BOTOX® Cosmetic	<input type="checkbox"/> Scar Revision	<input type="checkbox"/> Injectable Filler	<input type="checkbox"/> Facial Veins
<input type="checkbox"/> Blotchy Skin	<input type="checkbox"/> Facial Redness	<input type="checkbox"/> Skin Tightening	<input type="checkbox"/> Skin Care Products
<input type="checkbox"/> Brown Spots/ Age Spots/ Freckles	<input type="checkbox"/> Facial Fine Lines/ Wrinkles	<input type="checkbox"/> Stretch Marks	
<input type="checkbox"/> Crow's Feet Area	<input type="checkbox"/> Drooping Brow	<input type="checkbox"/> Frown Lines Area	
<input type="checkbox"/> Unwanted Hair	<input type="checkbox"/> Facial Volume Loss/ Sunken	<input type="checkbox"/> Stretch Marks	
Please answer the following questions by circling the appropriate answer			
When looking in the mirror...			
I feel I look...	Younger	True Age	Older than I am
My wrinkles are...	Mild	Moderate	Severe
My skin tone and clarity are...	Poor	Average	Excellent
How did you hear about us?			
<input type="checkbox"/> Internet	Web Address or Search Engine:		
<input type="checkbox"/> Social Media	Platform (Facebook, Twitter, YouTube)		
<input type="checkbox"/> Friend/Family	Name:		
<input type="checkbox"/> Advertisement	Source (Radio, Print, TV):		
<input type="checkbox"/> Other			
<input type="checkbox"/> Approval to contact you	Preferred Method (phone, text, email):		
<input type="checkbox"/> I would like to receive emails on special events and promotions	Email Address:		
<input type="checkbox"/> I'm not interested in any additional services at this time			