

NIGRO DERMATOLOGY

COSMETIC QUESTIONNAIRE (OPTIONAL)

Name: _____

Date: _____

Doctor you will be seeing today: _____

Would you be interested in any of the following? (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Restylane | <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Sunscreen advice |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Laser resurfacing | <input type="checkbox"/> Hair reduction |
| <input type="checkbox"/> Excessive sweating | <input type="checkbox"/> Laser treatments | <input type="checkbox"/> Retin-A or Renova |
| <input type="checkbox"/> Removing varicose veins | <input type="checkbox"/> Spider vein treatments | <input type="checkbox"/> Skin-care advice |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Removing facial veins | <input type="checkbox"/> Antioxidants |
| <input type="checkbox"/> Vibradermabrasion | <input type="checkbox"/> Skin rejuvenation | <input type="checkbox"/> Birthmarks & scars |
| <input type="checkbox"/> AHA & glycolic peels | <input type="checkbox"/> Acne treatment | <input type="checkbox"/> Age spots |
| <input type="checkbox"/> Tattoo removal | <input type="checkbox"/> Makeup advice | <input type="checkbox"/> Other _____ |

How did you hear about our practice?

- Physician A friend or family member Insurance company Internet
 A seminar Yellow pages Advertisement or article

If you were referred by one of our patients, please let us know so we can thank him/her.

What cosmetic procedures, if any, have you had in the past and how satisfied were you with them?

Please complete the sentence by circling the answer that best describes you.

When looking at my face in the mirror, I believe I lookmy age.
younger than the same as older than

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

Would you like to be contacted by Tracy Holcomb, our medical aesthetician, to receive more information about our cosmetic procedures or products?

YES _____ NO _____

If yes, please give us a phone number we may contact you at: _____

If interested in any cosmetic promotions, please list e-mail address: _____