

## Medical and Cosmetic Questionnaire

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

How did you hear about us? \_\_\_\_\_

Health issues and procedures of interest to you (please check all that apply).

Would you like more information on treating any of the following conditions:

- Sun damaged skin, pre-cancerous lesions (actinic keratosis)
- Acne, acne scarring
- Rosacea, facial veins
- Skin laxity or loss of elasticity
- Deep lines and wrinkles
- Fine lines and wrinkles
- Excess body fat
- Birthmarks
- Brown spots, age-spots and sun damage on the face, neck, chest, arms, hands
- Facial Discoloration (Melasma)
- Redness or blood vessels
- Excessive Sweating
- Leg Veins

Would you like more information on any of the following procedures?

- Botox or Dysport to decrease the appearance of fine lines and wrinkles
- Sculptra dermal filler to gradually add volume and improve the appearance of deeper facial lines
- Restylane, Juvederm or Radiesse dermal fillers for fine lines, smile lines
- Fraxel Dual skin resurfacing to improve fine lines, texture and sun-damaged skin
- Fraxel Re:Pair (deeper) skin resurfacing to improve fine lines, texture and sun-damaged skin
- Thermage for tightening and the improvement of skin laxity
- Zeltiq non-invasive body contouring for fat loss
- Skin Care Advice
- Skin Care Products
- Non-invasive lasers:
  - V-Beam/Smooth Beam for improvement of acne and acne scars
  - V-Beam to decrease the appearance of facial veins and redness sometimes caused by Rosacea
  - Photofacial/IPL to improve the appearance of red/brown spots
  - Alexandrite to improve the appearance of brown spots and tattoo removal

What specific areas of your skin concern you?

If this is a cosmetic consult what would be your primary goal today?

Treatment Plan?

Consult only?

Treatment today if available?