PACIFIC DERMATOLOGY & COSMETIC CENTER

COSMETIC QUESTIONAIRE

Patient Name: _____ Date: _____

If you have any specific cosmetic interests, please check all that apply:

- ❑ Body Liposuction
- ❑ Neck Liposuction
- ❑ Lip Augmentation
- ❑ Fat Injection
- ❑ Laser Resurfacing
- ❑ Fraxel®
- ❑ BOTOX® Cosmetic
- ❑ Restylane®
- ❑ Sculptra
- ❑ Radiesse®
- ❑ Micro-Dermabrasion
- ❑ Acne
- ❑ Chemical Peels
- ❑ Retin-A or Renova
- ❑ Other, please specify _____
- ❑ Eyelid Lift (Blepharoplasty)
- ❑ Thermage for Face
- ❑ Thermage for Body
- ❑ Intense Pulse Light
- ❑ Liver spots/Age spots
- ❑ Fotofacial
- ❑ Skin Care Advice
- ❑ Excessive Sweating
- ❑ Birthmarks
- ❑ Wrinkles
- ❑ Leg Vein Treatment
- ❑ Facials and Eye Treatments
- ❑ Laser Hair Removal
- ❑ Spider Vein Treatments

Have you had any previous cosmetic surgery? ❑ yes ❑ no
If yes, please list: _____

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

Each day, I look at myself in the mirror

Once or Twice per day		*Every now and then to freshen up*		*More than 10 times per day*
1	2	3	4	5

I am looking for a procedure that can give me:

Small improvement with Minimal downtime		*Moderate improvement with some downtime*		*Significant improvement with longer downtime*
1	2	3	4	5

How did you hear about us? ❑ Friend ❑ Relative ❑ Yellow pages/telephone book

❑ Internet: (❑Website ❑Google ❑Yahoo ❑ Citysearch) ❑ Newsletter or mailer

❑ My physician (full name)_____ ❑ Advertisement in _____

Please indicate your: Approximate height_____ Approximate weight_____

Activity Habits: Exercise ❑ 3 – 5 times per week ❑ 1 – 2 times per week ❑ less than 1 time per week

Type of exercise_____

What are your personal goals?

_____

_____