INTEREST QUESTIONNAIRE

PATIENT NAME _____ DATE _____

Dear Patients: Our goal is to respond to all of our patients' needs and to provide the highest quality comprehensive care. In order to provide the information and services you desire, we invite you to complete the following questionnaire.

Areas of concern. (*please check all that apply*):

- ☐ Line around my eyes
- ☐ Lines between my eyes
- ☐ Lines on forehead
- ☐ Lines under eyes
- ☐ Puffy eyes
- ☐ Thin lips
- ☐ Dry skin
- ☐ Oily skin
- ☐ Looking tired
- ☐ Crease nose to corner of mouth
- ☐ Frown on corner of mouth
- ☐ Brown spots on face
- ☐ Red blotchy skin
- ☐ Excess skin above eyes
- ☐ Thin face, no cheeks
- ☐ Dimpled chin
- ☐ Gummy smile
- ☐ Sunk in eyes

Procedures or product of interest to you (please check all that apply):

FACE	BREAST	BODY	SKIN
☐ Nose Shaping	☐ Enlargement	☐ Liposuction	☐ Botox®
☐ Facelift	☐ Enlargement & Lift	☐ Tummy Tuck	☐ Dermal Fillers
☐ Neck Enhancement	☐ Reduction	☐ Mommy Makeover	☐ Lip Enhancement
☐ Ear Surgery	☐ Reduction & Lift	☐ Buttock Augmentation	☐ Peels & Microdermabrasion
☐ Eyelid Surgery	☐ Implant Revision	☐ Fat Grafting & Transfer	☐ Dermaplaning
☐ Chin / Cheek Shape	☐ Asymmetry	☐ Vaginal Rejuvenation	☐ Laser Therapies
☐ Browlift	☐ Reconstruction	☐ Body Lift	☐ Laser Hair Removal
☐ Male Facial Procedures	☐ Nipple & Areola Surgery	☐ Thigh Lift	☐ Skin Disease
	☐ Male Breast / Chest	☐ Arm Lift	☐ Scar Revision & Therapy
		☐ Male Body Procedures	☐ Male Skin

Please answer the following 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? (Your details with help us show our appreciation, THANK YOU!)

- ☐ My Physician: _____
- ☐ My Insurance Company: _____
- ☐ Advertisement (specify): _____
- ☐ Internet (specify): _____
- ☐ A Seminar (date/location): _____
- ☐ A Friend / Family Member (name): _____
- ☐ Another Person/place (name): _____
- ☐ Other unlisted: _____