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| Aesthetic Interest Questionnaire | (Patient label) |

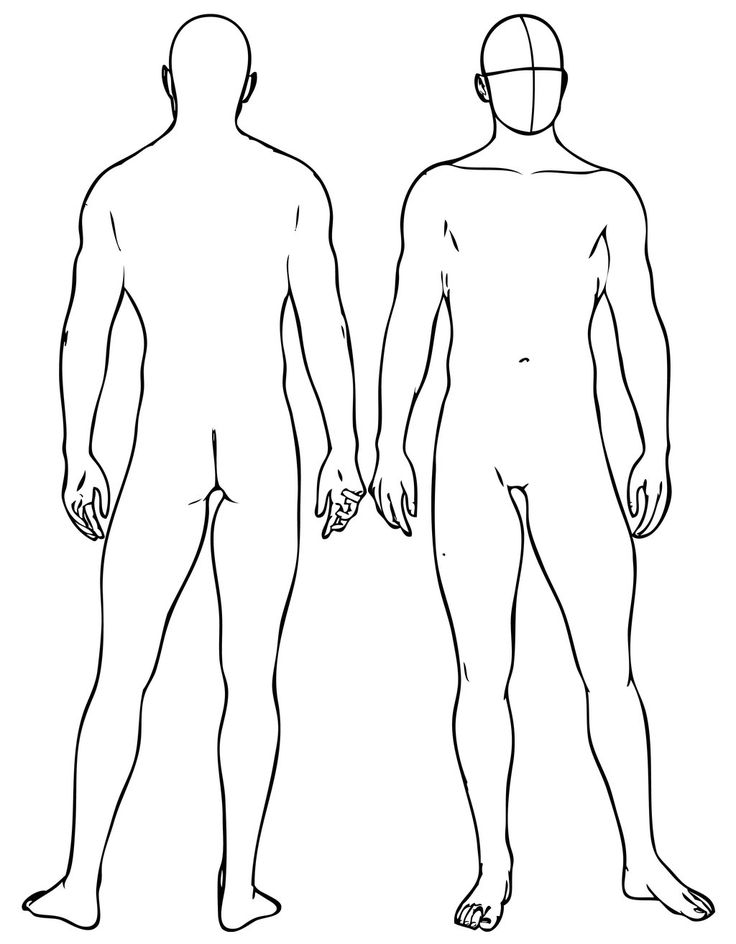
Date:

What is the main reason for your visit today?

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|  | I would like to be advised on:   * How I can look better for my age * How I can change something that   has been bothering me for years   * How I can look more attractive * Other: |

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| Have you had a consultation or treatment  for a cosmetic procedure before? | | How often do you think about wanting  a cosmetic procedure? | | |
| * Yes | * No | * Most days | * Weekly | * Monthly |

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| Which three statements  best reflect how you would  like to look and feel after  the treatment? | * I want to look less tired * I want to look less angry * I want to look less sad | * I want a less saggy appearance * I want to look more youthful * I want to look more attractive | * I want my face to look slimmer * I want softer features |

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| Please circle the area(s) of your interest: | | | | | |
| How would you rate the quality of your skin?  (Please circle the appropriate answer) | Poor | Fair | Good | Very Good | Excellent | |

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| If you could enhance an aspect of your skin, what would you enhance?  (Please circle the appropriate answer) | Hydration | Elasticity | Smoothness | Colour |

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| These treatments/products interest me:  (Please circle the treatment area(s) that interest you) |

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| SKIN ENHANCEMENT | FACIAL IMPROVEMENT | BODY CONTOURING | OTHER |
| Skin injectables | Facial Fillers | Fat Reduction | Laser Hair Removal |
| Reduce Pigment  (Reds & Browns) | Wrinkle Relaxers | Reduce Cellulite | Bio-Identical Hormone Optimization |
| Tighten Loose Skin | Fat Reduction – Chin | Skin Tightening | Testosterone Replacement Therapy |
| Resurface Uneven Skin | Nose Correction |  | Moles, Lumps and Bumps  Ablation |
| Microneedling with PRP | Brow Correction |  | Microblading |
| Medical Peels |  |  | Hair Regain and Retain |
| SilkPeel |  |  | Snoring |
| Diminish Scars |  |  | Nail Fungus |
| Acne Program |  |  | Optimal Aging |
| Daily Skin Care |  |  |  |

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| How did you hear about us? |  | Contact information |
| * My doctor * My insurance company provider * Advertisements * A friend or family member | * Google * Social media * Event * Other | * I would like to receive information about   new products/trends/your clinic   * You may contact me for further questions   concerning an appointment at your clinic |

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_