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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 treatmentfor a cosmetic procedure before? | How often do you think about wantinga cosmetic procedure? |
| * Yes
 | * No
 | * Most days
 | * Weekly
 | * Monthly
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| Which three statementsbest reflect how you wouldlike to look and feel afterthe 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 BumpsAblation |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_