



AESTHETIC INTEREST QUESTIONNAIRE

Name: _____ Date: _____

We offer a wide variety of procedures designed to meet all of your aesthetic needs at (*practice name*). Please let us know if you would like additional information regarding any of the procedures or services listed below.

Whether you are interested in a specific procedure or would just like more general information, we are happy to provide any educational material or guidance you need.

- | | | |
|---|---|---|
| <input type="checkbox"/> Revaléskin | <input type="checkbox"/> Sunscreen Advice | <input type="checkbox"/> Laser Skin Resurfacing |
| <input type="checkbox"/> Skin Care Advice | <input type="checkbox"/> Acne | <input type="checkbox"/> Spider Vein Treatments |
| <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Laser Treatments |
| <input type="checkbox"/> Skin Care Products | <input type="checkbox"/> Removing Leg Veins | <input type="checkbox"/> Removing Facial Veins |
| <input type="checkbox"/> Fillers | <input type="checkbox"/> Micro-Dermabrasion | <input type="checkbox"/> Liver Spots/Age Spots |
| <input type="checkbox"/> Birthmarks | <input type="checkbox"/> Facials | <input type="checkbox"/> Eye Treatments |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Eyelashes |
| <input type="checkbox"/> BOTOX | <input type="checkbox"/> Hair Removal | |

Email _____
Phone # _____, Cell _____

We also offer a complimentary aesthetic evaluation to help you decide the best course of action to take in meeting your aesthetic goals. Would you like to schedule a consultation?

Yes, I am ready to learn more.

Not right now.

How did you hear about us?

- | | |
|---|--|
| <input type="checkbox"/> Another healthcare provider (name) | <input type="checkbox"/> The yellow pages |
| <input type="checkbox"/> The internet | <input type="checkbox"/> A friend or family member |
| <input type="checkbox"/> Television | <input type="checkbox"/> Another person not listed above |
| <input type="checkbox"/> Radio | <input type="checkbox"/> A seminar where I saw the doctor. |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

Approval to send information _____
Patient Signature