

# COSMETIC INTEREST QUESTIONNAIRE

This form is OPTIONAL.

Please indicate if you would like to discuss cosmetic goals, treatments or products with our Aesthetician.

If you are not interested, please leave the form BLANK and return to our reception desk.

Would you like us to email you regarding cosmetic treatments and specials?  Y  N

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check off all those that are of interest to you and return it to a Receptionist. Thank you.

## *What can we help you with?*

- Forehead Lines
- Frown Lines – “11s”
- Crow’s Feet
- Under Eye Circle / Lines / Bags
- Facial Volume Loss
- Nose-to-Mouth Lines
- Vertical Lip Lines / Lipstick bleed lines
- Thinning Lips
- Downturned corners of mouth
- Lip-to-Chin “Marionette” Lines
- Leg “Spider” Veins
- Hair Thinning / Hair Loss
- Droopy or Flattened Eyebrows
- Thin, short, or lightened eye lashes
- Enlarged Pores
- Acne Scarring
- Texture of the skin
- Brown spots / Freckles
- Broken Blood Vessels
- “Pebbled” Chin
- Neck & Chest Discoloration
- Skin Care Products / Sunscreen

*Anything Else (please circle)?*

Microdermabrasion

Chemical Peels

Collagen Induction/PRP

Lasers

Facials

Other