

COSMETIC INTEREST QUESTIONNAIRE (OPTIONAL)

Patient Name: _____

Dear Patient:

New technologies have expanded the usage of products and procedures available to enhance and improve the appearance of your skin. To help us provide you with the highest quality care, we request that you let us know about your skin care needs by checking from the list below. To assist you further, we offer a complimentary skin care consultation with our medical esthetician. Lelia can offer you a personal treatment plan for both products and services that are suited for your individual skin care needs.

<input type="checkbox"/> General Skin Care <input type="checkbox"/> Skin Care Products <input type="checkbox"/> Facial lines & Wrinkles <input type="checkbox"/> Facial Folds <input type="checkbox"/> Thin lips <input type="checkbox"/> Blotchy skin <input type="checkbox"/> Facial Veins <input type="checkbox"/> Facial Redness	<input type="checkbox"/> Acne <input type="checkbox"/> Dry, Itchy skin <input type="checkbox"/> Oily Skin <input type="checkbox"/> Sun – damaged skin <input type="checkbox"/> Uneven Skin tone <input type="checkbox"/> Brown Spots <input type="checkbox"/> Liver spots/age spots <input type="checkbox"/> Surgical scars	<input type="checkbox"/> Stretch marks <input type="checkbox"/> Birthmark <input type="checkbox"/> Tattoo removal
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Are you interested in meeting with Lelia, our Medical Esthetician for a complimentary skin care consultation to create a Personal Treatment Plan designed to meet your cosmetic need?

YES No, thanks

<input type="checkbox"/> Approval to send you information on products and services. (including special offers)	<i>Phone Number:</i> <i>E-mail Address:</i>
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Patient Signature: _____

Date: _____