ADVANCED
PLASTIC SURGERY CENTER
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Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

Dear Patients: Our goal is to respond to all our patients needs and to provide the highest quality care. In order to provide the information and services you desire on the health and appearance of your skin, we invite you to complete the following questionnaire.

☐ Line around my eyes	☐ Dry skin	☐ Red blotchy skin
☐ Lines between my eyes (angry look)	☐ Oily skin	☐ Excess skin above eyes
☐ Lines on forehead	☐ Looking tired	☐ Thin face, no cheeks
☐ Lines under eyes	☐ Crease nose to corner of mouth	☐ Dimpled chin
☐ Puffy eyes	☐ Frown on corner of mouth	☐ Gummy smile
☐ Thin lips	☐ Brown spots on face	☐ Sunk in eyes

Health issues and procedures or product of interest to you (please check all that apply):

- ☐ Botox® Cosmetic (Botulinum Toxin Type A)
- ☐ Juvéderm™
- ☐ Fraxel®
- ☐ Facelift Surgery
- ☐ Eyelid Surgery
- ☐ Breast Surgery
- ☐ Abdominal Surgery
- ☐ Liposuction
- ☐ Bodylift Surgery
- ☐ Brow Surgery
- ☐ Fillers (Restylane®, Collagen, etc.)
- ☐ Microdermabrasion
- ☐ Skin Care Products
- ☐ Skin Care Advices
- ☐ Vitality Peel
- ☐ Consultation with the Aesthetician
- ☐ Other, Please Specify: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SCALE OF 1 TO 5 BY CIRCLING THE APPROPRIATE NUMBER:
When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age:

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

HOW DID YOU HEAR ABOUT US?

My Physician: (Full Name) _____
My Insurance Company Provider: (Name) _____
Yellow Pages: (Specify Advertisement) _____
A Friend Or Family Member: (Name) _____
Another person not listed above: (Name) _____
Please provide the name and address of the person who referred you so we can thanks them.

_____

Internet: ☐
A seminar where I saw the doctor. The event took place (date): _____
(Location) _____