Date:_____

DERMATOLOGIST MEDICAL GROUP OF NORTH COUNTY, INC

COSMETIC INTEREST QUESTIONAIRE

PROCEDURES AND PRODUCTS OF INTEREST TO YOU

☐ Botox (Cosmetic)
☐ Botox (Hyperthydrosis)

☐ Collagen Therapy

☐ Restylane Therapy

☐ Retin A or other Retinoid

☐ Chemical Peels (Glycolic, TCA, Beta Lift)
☐ Glycolic Peels

☐ Laser Hair Removal

☐ Removing Facial Veins
☐ Removing Leg Veins

☐ Skin Care Advice
☐ Skin Care Products *(See reverse side)*

☐ Acne Treatment

☐ Sunscreen Advice

☐ Brown Spots (i.e. Liver Spots/Age Spots)

☐ Other, Please Specify

☐ Is there a cosmetic product you would like information on or a product you can't find?

Potential New Procedures

☐ Liposuction

☐ New String Face Lift

☐ Photo Facial

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

☐ Approval to send information to you or call you with information.

Patient Name:_____ Phone #_____

Address:_____

How did you hear about us?

☐ My physician (full name)_____

☐ The yellow pages (specify advertisement)_____

☐ A friend or family member (name)_____

☐ A family member that is a patient (name)_____

☐ *Please provide the name and address of the person who referred you so we can thank them.*

_____

☐ Internet Site _____

Please return form to the front desk

Thank You!