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COSMETIC INFORMATION QUESTIONNAIRE

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____

EMAIL ADDRESS: _____

HAVE YOU EVER HAD ANY COSMETIC PROCEDURES DONE? Yes___ No___ . IF YES, PLEASE DESCRIBE _____

ARE YOU CURRENTLY USING ANY COSMETIC SKIN CARE PRODUCTS? Yes___ No___ IF YES, PLEASE DESCRIBE _____

WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT:

Personalized Skin Care Program? Yes___ No___

Botox for Facial Frown/Expression Lines? Yes___ No___

Chemical Peels? Yes___ No___

Collagen Replacement Therapy? Yes___ No___

Cosmoderm? Yes___ No___

Decreasing pore size and facial redness? Yes___ No___

Facials? Yes___ No___

Hair Removal? Yes___ No___

IPL Photofacials? Yes___ No___

Laser Spider Vein Removal? Yes___ No___

Laser Age Spot Removal? Yes___ No___

Laser Tattoo Removal? Yes___ No___

Laser Facial Rejuvenation? Yes___ No___

Laser Removal of Wrinkles? Yes___ No___

Laser Removal of Acne Scars? Yes___ No___

Microdermabrasion? Yes___ No___

Restylane? Yes___ No___

Sclerotherapy for Leg Veins? Yes___ No___