

Aesthetic Interest Questionnaire

(Patient label)

Date:

What is the main reason for your visit today?

I would like to be advised on:

How I can look better for my age

How I can change something that has been bothering me for years

How I can look more attractive

Other: _____

Have you had a consultation or treatment for a cosmetic procedure before?

Yes

No

How often do you think about wanting a cosmetic procedure?

Most days

Weekly

Monthly

Which three statements best reflect how you would like to look and feel after the treatment?

I want to look less tired

I want a less saggy appearance

I want my face to look slimmer

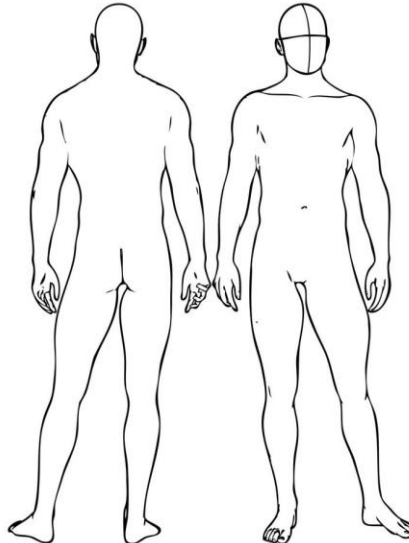
I want to look less angry

I want to look more youthful

I want softer features

I want to look less sad

I want to look more attractive



Please circle the area(s) of your interest:

How would you rate the quality of your skin? (Please circle the appropriate answer) Poor Fair Good Very Good Excellent

If you could enhance an aspect of your skin, what would you enhance? (Please circle the appropriate answer) Hydration Elasticity Smoothness Colour

These treatments/products interest me: (Please circle the treatment area(s) that interest you)

SKIN ENHANCEMENT	FACIAL IMPROVEMENT	BODY CONTOURING	OTHER
Skin injectables	Facial Fillers	Fat Reduction	Laser Hair Removal
Reduce Pigment (Reds & Browns)	Wrinkle Relaxers	Reduce Cellulite	Bio-Identical Hormone Optimization
Tighten Loose Skin	Fat Reduction – Chin	Skin Tightening	Testosterone Replacement Therapy
Resurface Uneven Skin	Nose Correction		Moles, Lumps and Bumps Ablation
Microneedling with PRP	Brow Correction		Microblading
Medical Peels			Hair Regain and Retain
SilkPeel			Snoring
Diminish Scars			Nail Fungus
Acne Program			Optimal Aging
Daily Skin Care			

How did you hear about us?

- My doctor
- My insurance company provider
- Advertisements
- A friend or family member
- Google
- Social media
- Event
- Other

Contact information

- I would like to receive information about new products/trends/your clinic
- You may contact me for further questions concerning an appointment at your clinic

Phone number: _____

E-mail address: _____

Signature: _____