TRANSFORMATIONS
medspa

COSMETIC INTEREST QUESTIONNAIRE

What are your areas of concern?
(Please check all that apply)

- ☐ Frown Lines between the brows
- ☐ Significant lines around nose and mouth
- ☐ Tired-looking skin
- ☐ Dark circles under eyes
- ☐ Fine lines and wrinkles
- ☐ Rough skin texture
- ☐ Sagging skin
- ☐ Hyperpigmentation
- ☐ Acne
- ☐ Dry Skin
- ☐ Freckles
- ☐ Acne Scars

Are you interested in learning more about the following?
(Please check all that apply)

- ☐ BOTOX® Cosmetic™ (Botulinum Toxin Type A)
- ☐ Alpha hydroxyl acid and glycolic peels
- ☐ Acne
- ☐ Laser skin resurfacing and laser treatments
- ☐ Other skin care products
- ☐ Liver spots/age spots
- ☐ Facials and eye treatments
- ☐ Latisse Eyelase Growth
- ☐ JUVEDERM™ injectable gel
- ☐ Skin rejuvenation
- ☐ Microdermabrasion
- ☐ Chemical peels
- ☐ Skin analysis and care recommendations
- ☐ Sun protection
- ☐ Other, please specify:_____

_____

When looking at my face in the mirror, I believe I look younger than, the same as, or older than my true age.

Younger Than		True Age		Older Than
1	2	3	4	5

When looking at my face 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?

- ☐ Friend or family member (name)_____
- ☐ Physician or other provider (name)_____
- ☐ Ad or article (publication)_____
- ☐ Internet (Web site)_____
- ☐ Seminar or event (when)_____
- ☐ Other (please specify)_____

Thank You!

_____
Your Name (please print) Date

_____
Email address (receive our monthly specials)