ADVANCED DERMATOLOGY ASSOCIATES, LTD

Cosmetic Interest Questionnaire

Patient Name ________________________________ Date______________

Check the things that you would like more information about:

❑ Skin care advice ❑ Botox® Cosmetic ❑ Facial lines / wrinkles ❑ Facial folds ❑ Hair removal	❑ Blotchy skin / facial veins ❑ Facial redness ❑ Body contouring ❑ Brown/age spots ❑ Birthmark	❑ Skin tightening ❑ Sun damage ❑ Tattoo removal ❑ Neck ❑ Leg veins ❑ Other________________

Have you had any cosmetic procedures in the past, for example Botox, fillers, chemical peels…?
Yes / No, if yes list procedure:

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Were you happy with the outcome? Yes / No
If NO, why? ____

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Are you interested in receiving our e-newsletter? Our newsletter will inform you of any news within our practice as well as any promotions we may be offering.

❑ Yes / No, if yes please provide us with your email address:

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(please print)

Patient Signature: ***Date:***

For Office Use Only

Physician:	
Appointment type	*Date*

Comments:

FOR INTERNAL USE ONLY

Account #

Initials