

skin by design

DERMATOLOGY & LASER CENTER, P.A.

Aesthetic Interest Questionnaire

I am most concerned with: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Neck/Chest/Hands | <input type="checkbox"/> Thinning hair |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Thin lips/lip lines |
| <input type="checkbox"/> Brown or red spots | <input type="checkbox"/> Scars | <input type="checkbox"/> Unwanted hair |
| <input type="checkbox"/> Excessive sweating | <input type="checkbox"/> Skin health/maintenance | <input type="checkbox"/> Unwanted area of fat |
| <input type="checkbox"/> Folds, creases or wrinkles, volume loss | <input type="checkbox"/> Sun damage | <input type="checkbox"/> Other: _____ |

I am interested in finding out about the following products and procedures:

Treatments

- Skin care consultation/Product recommendations
- Acne treatments
- Anti-aging treatments
- Body contouring/shaping(double chin, love handles, belly, saddlebags, hip, bra fat, inner thighs, knees, etc.)
- Botox (face, neck, hyperhidrosis)
- Brown spots & red vessels (face, neck, chest, body)
- Chemical peels (face/body)
- Dermal fillers (face, neck, chest, hands)
- Dermaplaning
- DiamondGlow™ (microdermabrasion)
- Double chin (Kybella, Trusculpt 3D)
- Eyelash/eyebrow tinting/brow shaping/Latisse
- Laser hair removal
- Laser skin resurfacing/Laser facials
- LED/light therapy
- Lipo-Den (energy shots)
- Liquid facelift
- Microneedling (collagen induction therapy)
- Scar treatments
- Supplements for hair growth
- Vein treatments
- Waxing
- Other: _____

Referral Source

How did you hear about us? _____

Please list *REFERRAL* name so they may receive a referral reward:

Name: _____

Yes! Send me e-newsletters with monthly specials.

My email address is: _____

Patient name (please print)

Date

Ask about referral rewards • Gift Certificates available • Follow us on Facebook & Twitter