

SOCIETY HILL DERMATOLOGY

932 Pine Street

Philadelphia, PA 19107

215/829-6861 FAX 215/351-3926

Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

Health issues and procedures or products of interest to you (please check all that apply).

- | | |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> BOTOX® Cosmetic
(Botulinum Toxin Type A) | <input type="checkbox"/> Skin Care Advise |
| <input type="checkbox"/> AHA and Glycolic Peels | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Collagen Therapy | <input type="checkbox"/> Liver Spots/Age Spots |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Sunscreen Advice |
| <input type="checkbox"/> Avage™ Retin-A or Renova | <input type="checkbox"/> Removing Leg Veins |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Facials and Eye Treatments |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Other, please specify _____ | <input type="checkbox"/> Spider Vein Treatments |
| _____ | <input type="checkbox"/> Removing Facial Veins |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

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

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

- Approval to Send Information

Patient Signature

Thank You!