COSMETIC QUESTIONAIRE

Please check the areas you would like to discuss or receive more information about:

☐ Skin Tightening
☐Face/Neck
☐Body

☐ Fat Reduction
☐ Specify Body Site:
_____

☐ Rosacea

☐ Chemical Peels

☐ Removing Facial Blood Vessels

☐ Excessive Hair Growth

☐ Botox

☐ Lip Augmentation

☐ Dermal Filler

☐ Mouth Lines

☐ Excessive Sweating

☐ Laser Treatments

☐ Acne Scarring

☐ Facial Redness

☐ Large Pores

☐ Leg Spider Veins

☐ Freckles/Brown Spots

☐ Stretch Marks

☐ Lower Face Folds

☐ Frown Lines

☐ Longer/Fuller Lashes

☐ Sun Damage

☐ Sagging Eyelids

☐ Wrinkles

☐ Other_____

Would you be interested in learning more about a good skin care routine?

☐ YES ☐ NO

Have you had any cosmetic surgery or procedures in the past five years? ☐ **YES** ☐ **NO**

If so, please describe:

_____

_____

_____

Would you like to receive information about any specials or events that we are having? ☐ **YES** ☐ **NO**

Please give us your email:_____

Also, please LIKE us on Facebook at www.facebook.com/FrederickDermatology

Print Name:_____

Signature:_____