**Cosmetic Questionnaire**

We like to keep you informed about all the services we provide!

**Other** than the service you are here for today, what additional areas of concern would you like to learn about? Please check all that apply.

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|  **Face** |
|  | Facial Lines/Wrinkles |  | Brown Spots/Age spots |
|  | Botox |  | Unwanted facial hair |
|  | Juvederm |  | Drooping Brow |
|  | Facial Drooping/ Volume Loss |  | Scar |
|  | Chemical Peels |  | Mole Removal |
|  | Facial Redness/ Blotchiness |  | Facial Contouring |
|  | Skin Care Advice |  | Heavy Sagging Eyelids |
|  | Skin Rejuvenation |  | Nose Size or Shape |
|  | Makeup application/advice |  | Melasma |
|  | Facial Veins |  | Loose Neck Skin |

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|  **Body** |
|  | Breast Size/ Shape |  | Hands |
|  | Abdomen Area |  | Moles |
|  | Thighs |  | Scar Revision |
|  | Arms |  | Stretch marks |
|  | Hips |  | Tattoos |
|  | Buttocks |  | Spider Veins |
|  | Body Contouring |  | Unwanted Body Hair |
|  | Cellulite  |  | Brown Spots |
|  | **Other (please list):**  |