

Lifetime Dermatology

COSMETIC INTEREST QUESTIONNAIRE

Please fill out this form if you are interested in discussing cosmetic goals, treatments, or products with one of our estheticians.

Name: _____ Date: _____

Check off all those that you would like to discuss and bring it back to the front desk.

- | | |
|---|--|
| <input type="radio"/> Aging skin | <input type="radio"/> Dull skin |
| <input type="radio"/> Redness | <input type="radio"/> Crepey skin |
| <input type="radio"/> Dry skin | <input type="radio"/> Unwanted fat |
| <input type="radio"/> Oily skin | <input type="radio"/> Unwanted hair |
| <input type="radio"/> Acne | <input type="radio"/> Scars |
| <input type="radio"/> Body treatments | <input type="radio"/> Stretch marks |
| <input type="radio"/> Acne | <input type="radio"/> Bumpy arms |
| <input type="radio"/> Broken blood vessels | <input type="radio"/> Pigmentation/brown spots |
| <input type="radio"/> Fine lines & wrinkles | <input type="radio"/> Injectables (Botox/filler) |
| <input type="radio"/> Large pores | |

What is your current skin care regimen?

AM:

PM:

Are you interested in becoming a V.I.P member? Yes ___ No ___

Would you like us to email you regarding cosmetic treatments and specials? Yes ___ No ___

Email Address: _____

Would you like one of our estheticians to call you to discuss your concerns?

Phone Number: _____