

COSMETIC QUESTIONNAIRE

| LET US KNOW IF YOU'RE INTER | RESTED |
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| ☐ Acne | ☐ Botox + Dysport |
| □ Age Spots + Brown Spots | Cosmetic Fillers (Juvéderm + others) |
| ☐ Rosacea + Blood Vessels | ☐ Facial + Leg Vein Treatment |
| Chemical Peels | Skin Care Products |
| ☐ Fraxel Laser Resurfacing | Sunscreen Advice |
| □ IPL Photofacial + Excel V | ☐ Microneedling + PRP |
| □ Photodynamic Therapy (PDT) | CoolSculpting + Vanquish Body Contouring |
| Laser Hair Removal | ☐ Kybella + CoolMini for Double Chin |
| Dermaplane Exfoliation | Ultherapy Skin Lifting + Tightening |
| ☐ Hydrafacial MD | Stretch Marks + Scars |
| ☐ Skintag + Flat Mole Removal | Excessive Sweating |
| WHAT WOULD YOU LIKE TO IM | PROVE? |
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| TELL US ABOUT YOUR SKINCAI | RE REGIMEN |
| AM Routine | |
| Cleanser: | |
| Prescription Products: | |
| Facial Day Cream/Serum: | |
| Sunscreen: | |
| Other: | |
| PM Routine | |
| Cleanser: | |
| Prescription Products: | |
| Facial Night Cream/Serum: | |
| Other | |