



COSMETIC QUESTIONNAIRE

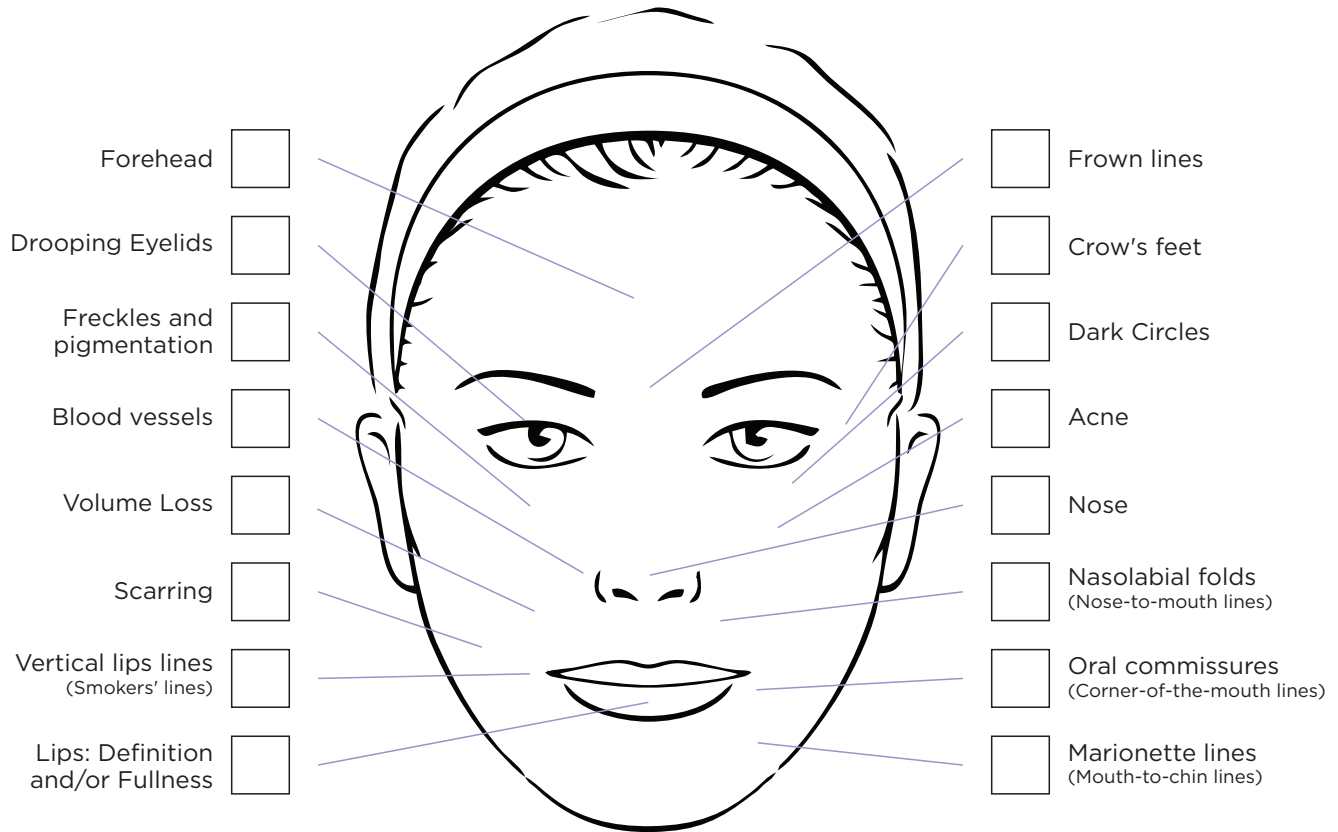
Our ultimate goal at GlamDerm is to make every patient look and feel as radiant as possible. We are committed to a no-pressure atmosphere where we partner with you to achieve healthy, happy skin.

Tell us if you are interested ...

- | | | |
|--|---|---|
| <input type="checkbox"/> Acne scars | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Liver spot/age spot correction | <input type="checkbox"/> Topical Wrinkle Treatments | <input type="checkbox"/> Cool Sculpting |
| <input type="checkbox"/> Botox, Dysport, Xeomin | <input type="checkbox"/> IPL or photo facials | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cosmetic Filler (Restylane, Radiesse, Juvederm) | <input type="checkbox"/> Rosacea/Broken Capillaries | |
| <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Skin Care Advice | |

Facial Anatomic Representation

With respect to facial aesthetics, please highlight those areas of the face that bother or trouble you. In the boxes provided, please rate these areas on a scale of 1 to 5 (1 being least bothersome, 5 being most bothersome). Feel free to draw on the chart to identify any other facial concerns.



- | | |
|--|--|
| <input type="checkbox"/> Larger pores, poor skin texture, and fine lines | <input type="checkbox"/> Jowls, Neck, Other (please list): _____ |
|--|--|

Name: _____ Date: _____