

***The Art and Science of Dermatology***  
***Cosmetic Interest Questionnaire***

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

***What are your areas of COSMETIC concern?***

- Wrinkles/Lines on face:
  - Forehead lines
  - Frown lines (between eyes)
  - Smile lines/parentheses lines (from sides of nose toward corners of mouth)
  - Crow's feet (lines at sides of eyes)
  
- Volume loss/sagging:
  - Temporal hollows
  - Flattening of upper cheeks
  - Sagging of lower face
  
- Double chin
- Would you like to have a sleeker jawline?
  
- Brown Spots
- Facial redness / vessels
  
- Rough / uneven skin texture
- Depressed acne scars
  
- Leg spider veins
  
- Unwanted hair. Where? \_\_\_\_\_

***Schedule your Cosmetic Consultation TODAY!***