

COSMETIC INTEREST QUESTIONNAIRE

NAME: _____


DATE _____

EMAIL ADDRESS: _____

PHONE # _____

Would you like to receive emails regarding cosmetic services and specials? Y N

Please check all that are of interest or concern to you



- Forehead Lines
- Frown Lines – “11s”
- Crow’s Feet
- Under Eye Circle / Lines / Bags
- Volume Loss / Flat Cheeks
- Nose-to-Mouth Lines
- Vertical Lip Lines / Lipstick bleed lines
- Downturned corners of mouth
- Thinning Lips
- Lip-to-Chin “Marionette” Lines
- Droopy or Flattened Eyebrows
- Thin, short, or lightened eye lashes
- Enlarged Pores
- Acne Scarring
- Texture of the skin
- Brown spots / Freckles
- Broken Blood Vessels
- Double Chin
- Neck & Chest Discoloration

Please circle any of the following that you would like more information on:

Hydrafacial	Microdermabrasion	Chemical peel
Hair Loss	SkinCare Products	Unwanted Hair
Skin Tightening	Make Up	Dermaplaning
Body Sculpting/Contouring	Cellulite of the Buttocks	