|  |  |
| --- | --- |
| Aesthetic Interest Questionnaire | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

What is the main reason for your visit today?

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| --- | --- |
|  | I would like to be advised on:   * How I can look better for my age * How I can change something that   has been bothering me for years   * How I can look more attractive * Other: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had a consultation or treatment  for a cosmetic procedure before? | | How often do you think about wanting  a cosmetic procedure? | | |
| * Yes | * No | * Most days | * Weekly | * Monthly |

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| --- | --- | --- | --- |
| Which three statements  best reflect how you would  like to look and feel after  the treatment? | * I want to look less tired * I want to look less angry * I want to look less sad | * I want a less saggy appearance * I want to look more youthful * I want to look more attractive | * I want my face to look slimmer * I want softer features |

|  |  |
| --- | --- |
| Please circle the area(s) of your interest: | |
| ../IMAGES%20-%20CAUCASIAN/WOMAN/1_CAUCASIAN_HEAD_BODY_WOMAN_watermark.png |  |

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| How would you rate the quality of your skin?  (Please circle the appropriate answer) | Poor | Fair | Good | Very Good | Excellent |

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| --- | --- | --- | --- | --- |
| If you could enhance an aspect of your skin, what would you enhance?  (Please circle the appropriate answer) | Hydration | Elasticity | Smoothness | Color |

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| --- |
| These treatments/products interest me:  (Please circle the treatment area(s) that interest you) |

|  |  |  |  |
| --- | --- | --- | --- |
| SKIN ENHANCEMENT | FACIAL IMPROVEMENT | BODY CONTOURING | OTHER |
| Skin injectables | Facial fillers | Fat reduction | Laser hair removal |
| Skin products | Wrinkle relaxers | Breast enlargement | Hair replacement |
| Laser treatment | Face lifting | Breast correction | Waxing |
| Peeling | Ear correction | Tummy tuck | Labiaplasty |
| Microdermabrasion | Fat reduction – chin | Arm lift | Scar revision |
| Facial | Nose surgery | Buttock augmentation |  |
| Skin tightening | Eyelid correction |  |  |
|  | Brow correction |  |  |

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| --- | --- | --- |
| How did you hear about us? |  | Contact information |
| * My doctor * My insurance company provider * Advertisements/periodicals * A friend or family member | * Search engine * Social media platform * Seminar * Other | * I would like to receive information about   new products/trends/our clinic   * You are allowed to contact me for further questions concerning an appointment at your clinic |

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by Allergan, January 2017, INT/0318/2016(1)