



## COSMETIC SCREENING QUESTIONNAIRE

1. How did you hear about us? \_\_\_\_\_

2. Have you or anyone in your family ever had any of the below listed cosmetic or anti-aging treatment?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Botox                          | <input type="checkbox"/> Laser Skin rejuvenation | <input type="checkbox"/> Mesotherapy         |
| <input type="checkbox"/> Laser Hair removal             | <input type="checkbox"/> Laser Acne Treatment    | <input type="checkbox"/> Liposuction         |
| <input type="checkbox"/> Micro-dermabrasion             | <input type="checkbox"/> Sclerotherapy           | <input type="checkbox"/> Laser Body Shaping  |
| <input type="checkbox"/> Chemical Peels                 | <input type="checkbox"/> Filler Injections       | <input type="checkbox"/> Weight Loss         |
| <input type="checkbox"/> Physician Prescribed Skin-Care | <input type="checkbox"/> Facial/ Massage         | <input type="checkbox"/> Cellulite Treatment |

3. If you ever had treatments, how did you feel about the result?

- Favorable                       Not favorable

If you have not had treatments, have you or would you ever consider them?

- Yes                                   No

Which ones?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Botox                          | <input type="checkbox"/> Laser Skin rejuvenation | <input type="checkbox"/> Mesotherapy         |
| <input type="checkbox"/> Laser Hair removal             | <input type="checkbox"/> Laser Acne Treatment    | <input type="checkbox"/> Liposuction         |
| <input type="checkbox"/> Micro-dermabrasion             | <input type="checkbox"/> Sclerotherapy           | <input type="checkbox"/> Laser Body Shaping  |
| <input type="checkbox"/> Chemical Peels                 | <input type="checkbox"/> Filler Injections       | <input type="checkbox"/> Weight Loss         |
| <input type="checkbox"/> Physician Prescribed Skin-Care | <input type="checkbox"/> Facial/ Massage         | <input type="checkbox"/> Cellulite Treatment |

4. How often do you have massages, facials, Botox, Fillers, other?

- Frequently                       Occasionally                       Never

What determines whom you choose to perform these services?

- Staff's expertise     Result proven     Medspa services     Price

5. How soon will you consider receiving our cosmetic and anti-aging services?

- Today                       1-2 weeks                       1 month                       3 months or later

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_