Cosmetic Questionnaire

FACE COSMETIC +
RECONSTRUCTIVE SURGERY

Name _____ Date _____

Please mark your areas of concern:

- ☐ Fine lines/ wrinkles
- ☐ Deep wrinkles
- ☐ Under eye bags/ puffy eyes
- ☐ Excess skin above eyes
- ☐ Sagging brows
- ☐ Sagging/loose facial skin
- ☐ Volume loss in face
- ☐ Volume loss in face
- ☐ Jowls/ jawline
- ☐ Thin lips
- ☐ Double chin
- ☐ Dull, dry, or dehydrated skin
- ☐ Oily skin
- ☐ Age spots/ brown spots
- ☐ Poor texture
- ☐ Acne
- ☐ Pores
- ☐ Scarring
- ☐ Red blotchy skin
- ☐ Other: _____

Please mark all the following treatments/procedures you would like more information about:

- ☐ SkinCeuticals products
- ☐ Facials
- ☐ Fractora
- ☐ IPL
- ☐ Laser hair removal
- ☐ CO2 Skin Resurfacing
- ☐ Mole removal
- ☐ Other: _____

- ☐ Neuromodulators (Botox/Dysport/Nuceiva)
  - ☐ Forehead
  - ☐ Crowsfeet
  - ☐ Lip flip
  - ☐ Frown lines (number 11's)
  - ☐ TMJ
  - ☐ Other: _____
- ☐ Fillers
  - ☐ Lips
  - ☐ Cheeks
  - ☐ Chin
  - ☐ Jawline
  - ☐ Other: _____
- ☐ Belkyra

- ☐ Surgical procedures
  - ☐ Blephorplasty
  - ☐ Browlift
  - ☐ Rhinoplasty
  - ☐ Liplift
  - ☐ Necklift
  - ☐ Deep Plane Facelift
  - ☐ Other: _____

Treatment plan:

Client Signature: _____