



3900 Niles Rd, Saint Joseph MI 49085 (269) 429-7368

AESTHETIC INTEREST QUESTIONNAIRE

Patient Name: _____

Date: _____

General appearance or products of interest to you (please check all that apply).

<input type="checkbox"/> Remove unwanted fat <input type="checkbox"/> Lose inches off figure <input type="checkbox"/> Lose weight <input type="checkbox"/> Reduce Cellulite <input type="checkbox"/> Reduce Stretch marks <input type="checkbox"/> Other _____	<input type="checkbox"/> Facial lines <input type="checkbox"/> Facial wrinkles <input type="checkbox"/> Facial folds <input type="checkbox"/> Facial sun damage <input type="checkbox"/> Facial age spots <input type="checkbox"/> Inadequate eyelashes <input type="checkbox"/> Other _____	<input type="checkbox"/> Laser Hair Reduction <input type="checkbox"/> Laser Spider Vein Treatment <input type="checkbox"/> Active Acne <input type="checkbox"/> Acne Scars <input type="checkbox"/> Skin Care Advice/Products <input type="checkbox"/> Makeup Advice/Products <input type="checkbox"/> Other _____
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Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

When looking in the mirror, I am unconcerned, somewhat unsatisfied, or very unhappy about the appearance of my wrinkles.

<i>Unconcerned</i>		<i>Somewhat Unsatisfied</i>		<i>Very Unhappy</i>
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about my size or proportions.

<i>Unconcerned</i>		<i>Somewhat Unsatisfied</i>		<i>Very Unhappy</i>
1	2	3	4	5

How did you hear about us?

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Patient Signature: _____