



DERM|sa

DERMATOLOGY
ASSOCIATES OF
SAN ANTONIO

Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

please check any items of concern or interest to you.

CONCERNS

- Blotchy Skin
- Liver/Age spots
- Saggy/Loose Skin
- Facial fine lines
- Facial folds
- Facial fullness
- Facial redness
- Facial veins
- Facial wrinkles
- Dark circles
- Thin lips
- Birthmark
- Scar Improvement

FILLERS & INJECTABLES

- Botox®
- Juvederm®
- Radiesse®
- Restylane®
- Sculptra®

LASERS

- Hair removal
- Tattoo removal and pigmented lesions
- Total FX Co2 Fractional Laser (skin resurfacing)
- Vbeam Laser (redness, rosacea, facial veins)
- Xtrac Laser (vitiligo)

SKIN CARE SERVICES

- Facials
- Chemical Peels
- Silkpeel® Microdermabrasion
- Skin care advice
- Skin care products

PRODUCTS

- GloMinerals® MakeUp
- Obagi Skin Care®
- Revision Skincare®

ADDITIONAL PROCEDURES

- Ear lobe repair
- Liposuction
- Sclerotherapy (for spider veins)

Are you interested in speaking with one of our professional cosmetic consultants in order to create a Personal Treatment Plan designed to meet your cosmetic needs?

- Yes
- No Thanks

Patient Signature: _____ Date: _____

For Office Use Only

Physician (provider) name: _____

Follow-up	Date	Completed by (name)
<input type="checkbox"/> Initial Inquiry/Information Mailed		
<input type="checkbox"/> Follow-up call		
<input type="checkbox"/> Seminar participation		
<input type="checkbox"/> Free consultation		
<input type="checkbox"/> Procedure scheduled		
<input type="checkbox"/> Procedure completed		

Comments:

