



Cosmetic Questionnaire

Welcome to Westerville Dermatology Laser & Rejuvenation Center. Please take a few minutes to complete the following information; this will help us to customize your treatments to your needs and desires.

Cancellation Policy: We are delighted to serve you and have reserved staff and space just for you. If you need to reschedule an appointment please call a minimum of 24 hours prior to your scheduled appointment. If less than 24 hour notice is given, you will be charged 50% of the cosmetic consultation fee.

How can we help you today? _____

Specific Concerns(check as many that apply).

- Skin care advice
- Skin care products
- Dermal fillers
- Wrinkle relaxers—Botox Cosmetic—Dysport--Xeomin
- Thin lips
- Scar treatment
- Wrinkles: areas--eyelids. --Around the mouth—face—other(please specify)
- Neck rejuvenation—wrinkles—sagging skin—fullness under chin—other(please specify)
- Sun damage-brown spots/age spots/sun spots
- Facial redness/blood vessels
- Facial drooping/joweling
- Facial contouring
- Platelet Rich Plasma(PRP)
- Other(please specify)_____

Allergies

- sulfur/sulfa
- doxycycline
- hydroquinone
- lidocaine
- dermal filler(please specify)

other(please specify) _____

History

General health? (Please Circle)

Excellent Very good Average

Do you maintain a well balanced diet?

Yes No Sometimes

Do you exercise?

Regularly Sometimes Never

Do you have a history of: (Circle all that apply)

- Herpes Simplex(cold sores)
- Smoking cigarettes
- Prior cosmetic surgery
 - o If Yes, Please Specify: _____ Dates _____
 - o Any Complications? Please Specify: _____

Any medical conditions we should be aware of (Please Describe): _____

Past or current use of the following medications: (Circle all that apply)

- Accutane
- oral antibiotics
- birth control
- topical acne medications(please specify): _____
- other(please specify) _____

Depilatories in Use:

- Waxing
- Threading
- Shaving
- Chemical
- other(please specify): _____

Skin care products in use:

- Cleanser
- Sunscreen/SPF
- Toner
- Exfoliant
- moisturizer, mask
- other(please specify): _____

Brands(s) _____

How did you hear about us?

My physician (Please give name): _____

friend or family member (Please give name): _____

Internet

Practice website

Seminar (Please give date and location): _____

Other (Please Specify): _____



Best Way to Contact you? (Please Check your preference)

E-Mail: _____

Phone: _____

May we leave a message? Yes No

Would you like to subscribe to our e-mail list and get information on our latest products, services, and special offers?

Yes No

Thank you for taking the time to fill out this form.

Patient Signature: _____ Date: _____