Face Beautiful Cosmetic Interest Questionnaire

Designed specifically for: Date:

These are the areas of concern for me:	**Comments and additional instructions:**
☐ Skin care products ☐ Dry skin ☐ Oily Skin ☐ Wrinkles ☐ Acne ☐ Reddness of skin and blood vessels ☐ Laser hair removal ☐ Age spots on face or hands ☐ Sagging face and neck skin ☐ Droopy eye lids and bags under eyes ☐ Botox® ☐ Fillers (Restylane®, Juvederm®, etc.) ☐ Thin eyelashes ☐ Other_____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Treatment Schedule

Treatment	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC