

**Uptown Dermatology PA
Cosmetic Interest Questionnaire**

Name _____

Date _____

Would you be interested in any of the following? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Botox Cosmetic | <input type="checkbox"/> Wrinkle treatment |
| <input type="checkbox"/> Restylane | <input type="checkbox"/> Skin care products |
| <input type="checkbox"/> Collagen therapy | <input type="checkbox"/> Sunscreen advice |
| <input type="checkbox"/> Sculptra | <input type="checkbox"/> Acne treatment |
| <input type="checkbox"/> Sclerotherapy (Leg vein therapy) | <input type="checkbox"/> Liver spot/age spot treatment |
| <input type="checkbox"/> Skin rejuvenation | <input type="checkbox"/> Retin-A |
| <input type="checkbox"/> Botox (for excessive sweating) | <input type="checkbox"/> Juvederm |
| <input type="checkbox"/> Other, please specify _____ | |

How did you hear about our practice?

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Our monthly eSpecials |
| <input type="checkbox"/> Family member / friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet, please specify _____ | |

What cosmetic procedures, if any, have you had in the past?

Were you pleased with the outcome? _____

If not, why?

What is your email address so we may send you our monthly eSpecials? (You may opt-out at any time.)

Thank You