

Koger Dermatology Cosmetic Interest Questionnaire

Name

Date

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

Botox	Juvederm	Latisse
Radiesse	Restylane	Corrective Cosmetics
Birthmarks	Chemical Peel	Facial Folds
Facial Redness	Facial Wrinkles	Hair Removal
Microdermabrasion	Skin Care Advice	Skin Care Products
Other:		

**Please answer the following questions on a scale of 1 to 5 by check 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.**

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned or very concerned about the appearance of my wrinkles.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	5	5

How did you hear about us?

My Physician	Name
My Insurance Company	Name
Friend or Family Member	Name
Internet	Our Practice Website
Seminar – Date and Location	Email Newsletter
Are you interested in meeting our professional cosmetic consultants to for a Free Cosmetic Consultation?	
Would you like to receive our Email Newsletter with Special Offers and Discount Coupons?	
Email Address: (please print)	
Patient Signature:	