Cosmetic Interest Questionnaire

Name: _____Date_____

Procedures or Products of interest to you (please check all that apply)

___ Breast Augmentation
___ Breast Reduction
___ Tummy Tuck
___ Buttocks Augmentation
___ Face Lift
___ Brow Lift
___ Rhinoplasty/Nose
___ Botox
___ Blue Peel
___ Biomedic
___ Dermaplaning
___ Breast Lift
___ Breast Implant Revision
___ Liposuction
___ Upper or Lower Eyelids
___ Neck Lift
___ Lip Augmentation
___ Laser
___ Juvederm/Restylane
___ Obagi
___ Nia 24
___ Skin Care Treatments

Please answer the following by circling the appropriate answer.

1. When I look at my Face/Body in the mirror, I believe I look younger or older than my true age.

Younger Than		*True Age*		*Older Than*
1	2	3	4	5

2. When looking in the mirror, I am not concerned, somewhat concerned or very concerned about the appearance of my Face/Body.

Not Concerned		*Somewhat Concerned*		*Very Concerned*
1	2	3	4	5