



Cosmetic Interest Questionnaire

Name: _____ Date _____

At Body By Leverett we strive to offer our patients the latest and most advanced procedures to help them attain their cosmetic goals.

Please review the following and check all that relate to you.

<p><u>What are your areas of concern:</u></p> <p>Face and Neck:</p> <p><input type="checkbox"/> Frown lines between the eyebrows</p> <p><input type="checkbox"/> Lines around your nose & mouth</p> <p><input type="checkbox"/> Fine lines and wrinkles</p> <p><input type="checkbox"/> Thin lips</p> <p><input type="checkbox"/> Loss of facial volume</p> <p><input type="checkbox"/> Crows feet (lines around eyes)</p> <p><input type="checkbox"/> Earlobe (stretch/ rip from piercing)</p> <p><input type="checkbox"/> Nose shape and size</p> <p><input type="checkbox"/> Drooping Eyelid/brows</p> <p><input type="checkbox"/> Neck wrinkles/sagging skin</p>	<p><input type="checkbox"/> Rough skin texture</p> <p><input type="checkbox"/> Acne/acne scarring</p> <p><input type="checkbox"/> Blotchy skin</p> <p><input type="checkbox"/> Brown spots/Freckles/sun damage</p> <p><input type="checkbox"/> Unwanted facial hair</p> <p><input type="checkbox"/> Desire for longer & fuller eyelashes</p> <p><input type="checkbox"/> Excessive sweating</p> <p><input type="checkbox"/> Gummy smile</p> <p><input type="checkbox"/> Dark circles/ puffiness in eyes</p> <p><input type="checkbox"/> Facial veins</p>
<p>Body:</p> <p><input type="checkbox"/> Extra abdominal fat</p> <p><input type="checkbox"/> Extra abdominal skin</p> <p><input type="checkbox"/> Extra fat/skin on arms</p> <p><input type="checkbox"/> Sagging breasts</p> <p><input type="checkbox"/> Desire for smaller breasts</p> <p><input type="checkbox"/> Desire for larger, fuller breasts</p> <p><input type="checkbox"/> Hips/thighs</p>	<p><input type="checkbox"/> Vaginal appearance</p> <p><input type="checkbox"/> Unwanted body hair</p> <p><input type="checkbox"/> Leg veins</p> <p><input type="checkbox"/> Size and shape of the buttocks</p> <p><input type="checkbox"/> Diet/Nutrition</p> <p><input type="checkbox"/> Struggling to lose weight</p>

Would you like to learn more about:

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Grade Skin Care treatments | <input type="checkbox"/> Juvederm/Radiesse/Beletero | <input type="checkbox"/> Botox |
| <input type="checkbox"/> Medical Grade Skin Care products | <input type="checkbox"/> Latisse | <input type="checkbox"/> Laser skin resurfacing |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Ultherapy | |

Talk to us if you are:

- Interested in hosting a party.
 - Would like to learn how to earn Leverett Bucks to use towards services in the practice.
 - Would like to save 10% on all skin care product purchases.
 - Would like to receive a unit rate discount on Botox and \$75 off each syringe of filler.
 - Interested in Supporting Breast Cancer awareness.
 - Would like to help disadvantaged women get a new start in life.
- Completed