

Cosmetic Consultation Questionnaire

By letting us know your concerns and preferences, we can help you decide what products and treatments will offer you the best results. Fill out this questionnaire and return it to us at your earliest convenience and we will set up your appointment to discuss options available to you.

Contact Information

Name: _____

Address: _____

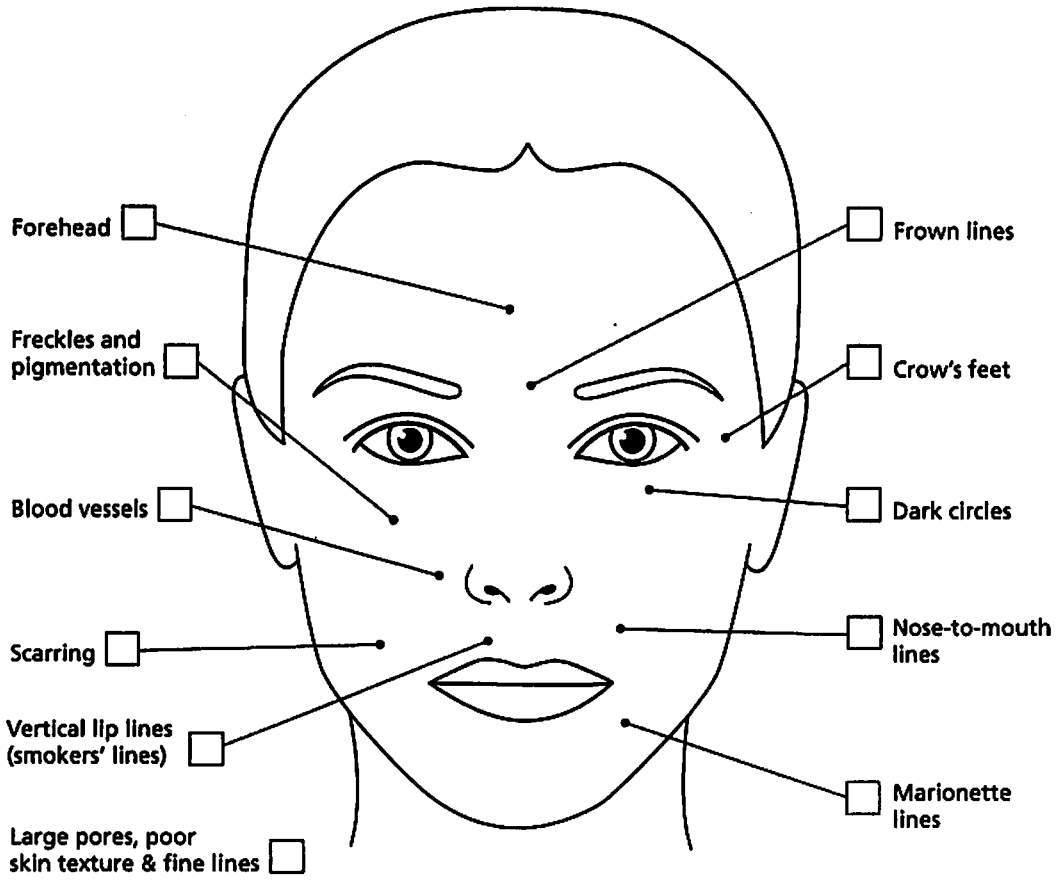
City: _____ State: _____ Zip: _____

Home phone: _____ Mobile Phone: _____ Work phone: _____

E-mail address: _____

Please indicate your preferred method of contact: _____

1. Please highlight those areas of the face that bother or trouble you. In the small boxes provided, please rate these areas on a scale of 1 to 5 (1 being most bothersome, 5 being least bothersome). Please use the space provided to add comments and special concerns.



2. What cosmetic procedures, if any, have you had in the past? When were these performed?

3. If you have previously had cosmetic procedures, were you pleased with the outcome? If not, why were you dissatisfied?

4. When was the last time you had a complete skin examination? Do you have any history of skin cancer?

5. Sometimes the best results can be achieved through different products or procedures, and by using multiple products or procedures. Please let us know which of the following would interest you.

Circle all that apply

Skin-care advice

Skin-care products

Sunscreen advice

Liver spot/age spot correction

Facial Peels including: Glycolic Peel/ Microdermabrasion or Parisian Peel/ SA peel

BOTOX® or other FDA approved Botulinum Toxin Type A Cosmetic Treatments

Dermal Filler Treatments for wrinkles, facial contouring and lip enhancement. We use only the safest FDA approved dermal fillers including Juvederm®, Perlane®, Radiesse®, and Restylane® Treatments.

**** See Franklin Dermatology Cosmetic Services & Skincare Treatments brochure for full descriptions of these services***