



## Cosmetic Questionnaire (Optional)

Our goal is to make every patient look and feel as radiant as possible. The Derm Institute is committed to a no-pressure atmosphere where we partner with you to achieve healthy, happy skin.

Tell us if you are interested . . .

- |   |  |
|---|--|
| <input type="checkbox"/> Skincare Advice                                  | <input type="checkbox"/> Non-Invasive Body Fat Elimination |
| <input type="checkbox"/> Skin Texture/ Skin Laxity Improvement            | <input type="checkbox"/> Non-Invasive Butt Lift            |
| <input type="checkbox"/> Botox or Other Wrinkle Relaxer                   | <input type="checkbox"/> Laser Resurfacing/ IPL            |
| <input type="checkbox"/> Cosmetic Fillers (Restylane, Juvederm, Radiesse) | <input type="checkbox"/> Redness or Broken Capillaries     |
| <input type="checkbox"/> Age Spots/ Uneven Pigmentation                   | <input type="checkbox"/> Pore Size                         |
| <input type="checkbox"/> Chemical Peels                                   | <input type="checkbox"/> Eyelash Enhancement               |
| <input type="checkbox"/> Acne Scars                                       | <input type="checkbox"/> Spider Vein Treatment             |

Share with us any specific concerns or areas for improvement . . .

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Let us know your current skincare products:

AM Regimen

Cleanser: \_\_\_\_\_

Serum: \_\_\_\_\_

Moisturizer: \_\_\_\_\_

SPF: \_\_\_\_\_

Topical Rx: \_\_\_\_\_

PM Regimen

Cleanser: \_\_\_\_\_

Serum: \_\_\_\_\_

Moisturizer: \_\_\_\_\_

Eye Cream: \_\_\_\_\_

Topical Rx: \_\_\_\_\_