



COSMETIC INTEREST FORM

_____ I would like to receive announcements, newsletters, and promotions through email.

_____ I would like to receive information about products and procedures through the mail.

_____ I would like to be contacted by phone to receive more information about cosmetic products and procedures.

I am interested in:

_____ Botox

_____ Fillers

_____ Clinical skincare treatments

_____ Peels

_____ Microdermabrasion

_____ Dermaplaning

_____ Kybella

_____ Make Up

_____ Products

_____ Latisse Eye Serum

_____ Skin Care Analysis

_____ Laser Hair Reduction

_____ Laser Leg Vein Treatments

_____ Laser Skin Rejuvenation

_____ Laser Facial Vein Treatments

Print Full Name: _____

Date of Birth: _____ **Email Address:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Number: _____ **Cell Number:** _____

Thank you for your interest in our cosmetic products and procedures!





COSMETIC HISTORY FORM

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Past/Current Medical Problems:

Past Surgeries:

Current Medications:

Allergies: _____



PATIENT CONCERNS

NAME: _____ DATE: _____

EMAIL: _____ PHONE: _____

Forehead Lines/Frown Lines?
YES NO

Crow's Feet?
YES NO

Improve Texture of Skin/Large Pores?
YES NO

Under Eye Circles/Lines/Bags?
YES NO

Facial Volume Loss?
YES NO

Thin, Short, or Lightened Lashes?
YES NO

Nose-to-Mouth Lines?
YES NO

Brown Spots/Freckles?
YES NO

Lips/Volume Loss?
YES NO

Broken Blood Vessels?
YES NO

Lip Lines/Lipstick Bleed Lines?
YES NO

Acne Scarring/Facial Scars?
YES NO

Neck and Chest Discoloration?
YES NO

Red Spots/Flushing?
YES NO

Texture/Saggy Skin?
YES NO

Are you interested in Skin Care?
YES NO

Please add any additional concerns not listed above
