

**Cosmetic Interest Questionnaire**  
**image Dermatology ® P.C.**  
**51 Park Street**  
**Montclair, N.J. 07042**  
**973-509-6900**  
**Jeanine B. Downie, M.D.**

**Patient Name:** \_\_\_\_\_

Cosmetic procedures and health issues of interest to you (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> BOTOX Cosmetic ( Botulinum Toxin Type A) | <input type="checkbox"/> Removing facial veins           |
| <input type="checkbox"/> AHA and glycolic peels                   | <input type="checkbox"/> Removal of Moles                |
| <input type="checkbox"/> Collagen therapy                         | <input type="checkbox"/> Skin care advice                |
| <input type="checkbox"/> Skin rejuvenation                        | <input type="checkbox"/> Skin care products              |
| <input type="checkbox"/> Retin -A or Renova or Avage              | <input type="checkbox"/> Birthmarks                      |
| <input type="checkbox"/> Restylane, Sculptra or collagen          | <input type="checkbox"/> Liver spots/age spots           |
| <input type="checkbox"/> Acne and dark spots                      | <input type="checkbox"/> Sunscreen advice                |
| <input type="checkbox"/> Chemical peels                           | <input type="checkbox"/> Earlobe repair                  |
| <input type="checkbox"/> Laser Photofacial Skin Rejuvenation      | <input type="checkbox"/> Scar and Keloid removal         |
| <input type="checkbox"/> Laser treatments                         | <input type="checkbox"/> Laser Hair removal              |
| <input type="checkbox"/> Hyperhidrosis                            | <input type="checkbox"/> Spider vein treatments for legs |
| <input type="checkbox"/> Other, please specify; _____             |  |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

- When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

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

- When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

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

How did you hear about us? \_\_\_\_\_

My physician ( full name) \_\_\_\_\_

My insurance company provider \_\_\_\_\_

The yellow pages (specify advertisement) \_\_\_\_\_

A friend or family member (name) \_\_\_\_\_

Another person not listed above (name) \_\_\_\_\_

Internet \_\_\_\_\_

Seminar \_\_\_\_\_

Article or Advertising in \_\_\_\_\_ (Rev. 2/08)