

The Vein Treatment Center
Cosmetic Interest Questionnaire

What are your areas of concern?

- | | |
|--|--|
| <input type="checkbox"/> Frown lines between brows | <input type="checkbox"/> Rough skin texture |
| <input type="checkbox"/> Significant lines around nose and mouth | <input type="checkbox"/> Sagging Skin |
| <input type="checkbox"/> Tired Skin | <input type="checkbox"/> Hyperpigmentation/Hypopigmentation (light and dark spots) |
| <input type="checkbox"/> Facial Hair | <input type="checkbox"/> Dark circles under eyes |
| <input type="checkbox"/> Acne Scar | <input type="checkbox"/> Dry Skin |
| <input type="checkbox"/> Freckles | |
| <input type="checkbox"/> Fine lines and wrinkles | |

<p>When looking at my face in the mirror, I believe I look younger than, the same as, or older than my true age.</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Younger Than</td> <td>True Age</td> <td>Older Than</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>5</td> <td></td> </tr> </table> <p>When looking at my face in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Not Concerned</td> <td>Somewhat Concerned</td> <td>Very Concerned</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>5</td> <td></td> </tr> </table>	Younger Than	True Age	Older Than	1	2	3	4	5		Not Concerned	Somewhat Concerned	Very Concerned	1	2	3	4	5		<p style="text-align: center;">Recommendations Skin Analysis & Skin Care (office use only)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p>
Younger Than	True Age	Older Than																	
1	2	3																	
4	5																		
Not Concerned	Somewhat Concerned	Very Concerned																	
1	2	3																	
4	5																		
<p>Are you interested in learning more about the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> BOTOX Cosmetic <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Sun protection <input type="checkbox"/> Retin-A Cream <input type="checkbox"/> Acne topical treatment and creams <input type="checkbox"/> JUVEDERM injectable gel/wrinkle filler <input type="checkbox"/> Other skin care products <input type="checkbox"/> Skin rejuvenation <input type="checkbox"/> Age spots / Liver Spots <input type="checkbox"/> Birthmarks <input type="checkbox"/> Facial Vein treatment <input type="checkbox"/> Spider Vein treatment <input type="checkbox"/> Large Vein treatment <input type="checkbox"/> Hair removal <input type="checkbox"/> Laser skin resurfacing & laser treatments 	<p>How did you hear about us?</p> <p>_____</p> <p>friend or family member (name)</p> <p>_____</p> <p>Print ad Article Internet Website</p> <p>_____</p> <p>Other (please specify)</p>																		
<p style="text-align: center;">Thank you!</p> <p>_____</p> <p>Your Name (please print)</p> <p>_____</p> <p>Contact number (home or cell phone)</p> <p>_____</p> <p>Address</p>																			