PIMA DERMATOLOGY

Cosmetic Questionnaire

Date: _____ / _____ / _____

Patient Name: _____ **DOB:** _____ / _____ / _____

What conditions currently apply to your skin?

_____Uneven Skin Tone
_____Enlarged Pores
_____Acne / Acne Scars
_____Brown Spots / Pigmentation
_____Red Spots / Facial Veins
_____Unwanted Moles
_____Fine Lines / Wrinkles
_____Crow's Feet
_____Nose to Mouth Lines
_____Vertical Lip Lines ("Smoker's Lines")
_____Frown Lines
_____Sagging Skin
_____Aging Hands

_____ Loss of Facial Volume
_____ Aging Neck or Chest
_____ "Red Neck" or Chest Redness
_____ Unwanted Tattoo(s)
_____ Stretch Marks
_____ Unwanted Facial Hair / Body Hair
_____ Thinning Eyelashes / Eyebrows
_____ Tired Eyes / Dark Circles
_____ Surgical Scars / Scars
_____ Chin / Neck Fullness
_____ Sun Damage (Hands and Arms)
_____ Stubborn Fat
_____ Other: _____

Please list the current skin care products you use:

_____
_____
_____

Cosmetic Interest and / or History

_____ Dermal Filler Injections
_____ BOTOX® Cosmetic Injections
_____ Chemical Peels / Microdermabrasion in the past year
_____ Laser Treatment(s):_____
_____ Other: _____

Cosmetic Surgery _____
LATISSE® _____
Kybella® _____
CoolSculpting® _____