Patient Name _____ Date _____

❑ Skin care advice
❑ Skin care products
❑ BOTOX® Cosmetic
❑ Facial Fillers: Juvederm/Radiesse
❑ Laser skin resurfacing
❑ Thin lips
❑ Blotchy skin
❑ Chemical peel
❑ OTHER: _____

❑ Eyelashes; Longer, Fuller, Darker
❑ Brown spots/age spots/freckles
❑ Drooping brow
❑ Drooping eyelids
❑ Nose size or shape
❑ Ear size or shape
❑ Mole removal
❑ Scar revision

❑ Neck wrinkles
❑ Breast size
❑ Abdominal area
❑ Hips
❑ Lips
❑ Facial Contouring

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 eh appearance of my wrinkles.

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

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

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

❑ My physician	Full name:
❑ My insurance company provider	Name:
❑ The yellow pages	Specify Ad:
❑ A friend or family member	Name:
❑ Internet Search Engine	Please Specify:
❑ Lincoln Aesthetic Surgical Institute Website	
❑ Seminar	Date & Location:
❑ Other Website (i.e., LoveYourLook, physicianFinder, etc)	Please specify:
❑ Other	Please specify:

Would you like to receive announcements on special discounts, new products or procedures?
❑ Yes ❑ No
If YES, what address can we sent it to? _____

Would you like to receive this information via an email address?
❑ Yes ❑ No
If YES, please list email address (name@example.com _____

SIGNATURE _____ DATE _____

Bryan Physician Network

LINCOLN AESTHETIC SURGICAL INSTITUTE
COSMETIC QUESTIONNAIRE

PLACE PATIENT LABEL HERE