cosmedical ESTHETICS | THE ENT CENTER of New Braunfels

COSMETIC INTEREST QUESTIONNAIRE

Patient Name:____ Date of Birth:_________________________

Services or products of interest to you (please check all that apply).

- ❑ Consultation with the Esthetician
- ❑ **Botox**® / Wrinkle Fillers (**Juvéderm**® or **Radiesse**®)
- ❑ **Fraxel**® or laser skin resurfacing
- ❑ **Clear+Brilliant** ® laser skin resurfacing
- ❑ Foto skin rejuvenation for brown or red spots
- ❑ **Coolsculpting**® body sculpting
- ❑ **Accent**® treatment for face and neck contouring and firming
- ❑ Flushing and redness or rosacea
- ❑ Chemical Peels
- ❑ Microdermabrasion
- ❑ Laser Hair Removal
- ❑ Laser Leg Vein Treatment
- ❑ Skin Care Products
- ❑ Retin-A or Retinol products
- ❑ ***Nectifirm***® neck slimming and firming
- ❑ ***Intellishade® SPF 45*** tinted sunscreen
- ❑ ***Teamine®*** Eye Cream for dark circles
- ❑ ***Jane Iredale***® Mineral Makeup
- ❑ I'm not sure what I am interested in at this point, but would like more information.

❑ Other, please specify____

Please explain what concerns you have with your skin and what improvement you would like to see:

____

Address:____ **City/State/Zip code** ______________________________

Phone number: ______________________________ **Email address:** __________________________________

How did you hear about us? ____

Please let us know how you would like to be contacted in regards to these special announcements. Circle all you would like:

Phone call **Direct mail** **Email** **I prefer not to be contacted**

Please list any prescription or non-perscription medication you are currently taking. ______________________________

Please list any drug or food allergies you may have. ____

Please list any cosmetic procedure you have previously had. (ex: facial, chemical peel, botox, lasers, plastic surgery, etc.)

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Please list the skin care products you are currently using on your face. ____

Please explain what concerns you have about your skin and what your skin care goals might be.

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