

Name: _____

Date: _____

COSMETIC INTEREST QUESTIONNAIRE

Please check all that apply and indicate any prior treatments in space provided or notes you want to discuss with your provider:

X	Intrests	Notes
	Dry or Oily Skin	
	Tired looking skin or uneven skin tone	
	Brown spots, sun damage or "hyperpigmentation"	
	Clogged or Large Pores	
	Acne	
	Roscea or racial redness	
	Fine or deep wrinkles	
	Lines around the nose or mouth	
	Facial volume loss	
	Neck wrinkles / loose skin	
	Frown lines between the brows	
	Lip lines or thin lips	
	Length or fullness of eyelashes	
	Loose or sagging skin	
	Ageing hands	
	Facial or Body Hair	
	Scars (Acne or Surgical)	
	Skin Tightening (face or body)	
	Cellulite	
	Body Contouring/Coolsculpting	
	Facial Veins	
	Leg Veins	
	Excessive sweating	
	IV Vitamin Therapy (anti-aging, wellness, fatigue)	

Client Signature: _____

Provider Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT US

	Name	Email
My physician		
A friend or family member		
Magazine or newsletter		
The Practice website		
Other		

NEWSLETTERS OR SPECIAL OFFERS (Check one)

Approval to contact you	Phone number:
Approval to send you information on products and services (including special offers)	Email address:
I'm not interested in any additional services provided at this time	

CREDIT CARD INFORMATION

By providing your credit card information below, you authorize payment for services by Lasky Aesthetics and Laser Center or those that are determined to be your responsibility. Our practice has implemented stringent security measures to protect your credit card information and will make every attempt to contact you prior to charging your account.

Credit Card # (MC, VISA, AMEX, DISCOVER)	
Exp. Date	
Security Code	

Signature: _____

Date: _____

FOR STAFF USE ONLY

Physician/Provider:

Follow-up	Date	Completed by (name)
Initial Inquiry/Information Given		
Contact in future - give date		
Products		
Free consultation		
Procedure scheduled		
Procedure completed		