



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Cosmetic Questionnaire

Welcome to our practice. We look forward to making your cosmetic consultation an educational, informative and fun experience.

It would be extremely valuable if you would bring along photos of yourself from years past.

### How did you hear about us?

Please give us the name of the patient or the doctor who referred you.

\_\_\_\_\_

If it is a patient, may we thank them with/without (circle one) mentioning your name?

If it is your doctor, do you wish us to send him a letter? Yes/No (circle one)

Other ways you may have heard about us:

- Internet
- Eblast
- Best Doctors in the World™
- Philadelphia Magazine
- Best Doctors in Philadelphia
- Wills Eye referral service
- Scheie Eye referral service
- Abington Hospital referral service
- Plastic Surgery Website
- Facial Plastic Surgery Website
- ASOPRS Website
- Allergan (BOTOX) Website
- Medicis (Restylane) Website
- Merz Aesthetics (Radiesse) Website
- Facebook
- Other: \_\_\_\_\_

**Cosmetic issues of interest to you that you wish to discuss today (please check all that apply)**

- Advice regarding what to do to improve my appearance
- Advice regarding what to do to look younger
- Advice regarding anti-aging therapies
- Skin care
  - Treating wrinkles
  - Age spots
  - Peels
  - Intense Pulsed Light treatments
  - Resurfacing—fractional or ablative
- Improving aging eye changes—bags, wrinkles, droops
- Treatment of my jowls and my jawline
- Improving appearance of my neck
- Improving appearance of my cheeks
- Botox/Dysport treatments
- Filler injections (Restylane, Juvederm, Perlane, Radiesse)
- Fat transfer
- Hair removal
- Procedures
  - Blepharoplasty (upper/lower eyelid surgery)
  - Facelift
  - Mid facelift
  - Necklift
  - Laser Resurfacing
  - Liposculpture (fat transfer)
  - Liposuction
  - Hair transplantation
  - Lip lift
  - Rhinoplasty (nosejob)
  - Chin/cheek implants
  - Browlift
  - Repair of previous bad surgery
- All of the above that apply to me

**I am interested primarily in**

- Noninvasive or minimally invasive procedures
- I am open to discussion of cosmetic surgery

**I have had:** (check all that apply) and date of each treatment

- Cosmetic BOTOX / Dysport / XEOMIN
- Silicone injections
- Collagen injections
- Fat injections
- Facials
- Microdermabrasion
- Glycolic peels, laser skin treatment
- Nonablative laser treatments
- Other (please describe)
- IPL
- Juvederm/Restylane/Perlane/Radiesse Injections

Previous aesthetic surgery, including type of procedure, date and surgeon:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In general, were you satisfied with your surgery (surgeon)? \_\_\_\_\_

**Skin Care products that I currently use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Makeup products that I currently use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sunscreen:** \_\_\_\_\_

**Check only one:**

- In general, I like to bake in the sun in the summer time
- I burn in the sun
- I burn in the sun then tan
- I tan
- I get very dark in the summer

Drug allergies:

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Accutane use: Y/N (circle one). When was the last time you were on Accutane? \_\_\_\_\_

History of Herpes simplex Y/N (circle one).

Are you treated for this with medications? Y/N (circle one)

Skin diseases or treatments including psoriasis, acne, acne rosacea or alopecia.

History of auto immune diseases Y/N (circle one)

Smoking: Y/N (circle one) How many packs per day? \_\_\_\_\_

For how many years? \_\_\_\_\_

CBD: Y/N (circle one) What form: \_\_\_\_\_

General health history not related elsewhere you consider relevant for this consultation:

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**Your appointment time is very important to us. Should you need to reschedule your appointment, please know that we appreciate as much notice as possible, with a minimum of 48 hours whenever possible. Thank you, and we look forward to seeing you soon!**

**I have answered these questions to the best of my abilities.**

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

M.D./Consultant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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