



COSMETIC INTEREST QUESTIONNAIRE

Name: _____

Cosmetic Interests (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>Botox/Dysport</i> | <input type="checkbox"/> <i>Facials</i> | <input type="checkbox"/> <i>Restylane (Filler)</i> |
| <input type="checkbox"/> <i>Dark Spot Removal</i> | <input type="checkbox"/> <i>Skincare Products</i> | <input type="checkbox"/> <i>Juvederm (Filler)</i> |
| <input type="checkbox"/> <i>Microdermabrasion</i> | <input type="checkbox"/> <i>Mole Removal</i> | <input type="checkbox"/> <i>Sun Protection</i> |
| <input type="checkbox"/> <i>Skin Tightening</i> | <input type="checkbox"/> <i>IPL</i> | <input type="checkbox"/> <i>Spider Vein Removal</i> |
| <input type="checkbox"/> <i>Chemical Peels</i> | <input type="checkbox"/> <i>Scar Removal</i> | <input type="checkbox"/> <i>Eyelash Growth</i> |
| <input type="checkbox"/> <i>Laser Hair Reduction</i> | <input type="checkbox"/> <i>Waxing</i> | <input type="checkbox"/> <i>Laser Facials</i> |

Facial Surgery Interests (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>Excess Eyelid Skin</i> | <input type="checkbox"/> <i>Browlift</i> | <input type="checkbox"/> <i>Facial Implants</i> |
| <input type="checkbox"/> <i>Eyelid Lift</i> | <input type="checkbox"/> <i>Low Eyelids</i> | <input type="checkbox"/> <i>Cheeklift</i> |
| <input type="checkbox"/> <i>Fat Transfer</i> | <input type="checkbox"/> <i>Lid Lift</i> | <input type="checkbox"/> <i>Droopy Eyelids</i> |

How did you hear about Dr. Logani and Aesthetica Medi Spa?

- | | | |
|---|--|--|
| <input type="checkbox"/> <i>Physician</i> | <input type="checkbox"/> <i>Friend or Family</i> | <input type="checkbox"/> <i>Internet</i> |
| <input type="checkbox"/> <i>Advertisement</i> | <input type="checkbox"/> <i>Mailer</i> | <input type="checkbox"/> <i>Other: _____</i> |

If someone referred you, please share his or her name so we may thank them:
