

ADVANCED DERMATOLOGY OF OREGON COSMETIC INTEREST QUESTIONNAIRE

NAME: _____ DOB: _____ E-MAIL: _____

DATE: _____

- Health issues of interest to you (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> BOTOX® Cosmetic | <input type="checkbox"/> AHA and Glycolic peels |
| <input type="checkbox"/> Juvederm or Collagen Fillers | <input type="checkbox"/> Skin care advice |
| <input type="checkbox"/> Prevenge MD | <input type="checkbox"/> Skin care products |
| <input type="checkbox"/> Skin rejuvenation, Vivite | <input type="checkbox"/> Hyperpigmentation |
| <input type="checkbox"/> Avage, Retin-A, or Tazorac | <input type="checkbox"/> Age spots |
| <input type="checkbox"/> Micro-Dermabrasion | <input type="checkbox"/> Sunscreen advice |
| <input type="checkbox"/> Eyebrow Enhancement | <input type="checkbox"/> Removing leg veins |
| <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Facials and eye treatments |
| <input type="checkbox"/> Eliminating underarm sweating | <input type="checkbox"/> Hair removal |
| <input type="checkbox"/> Laser treatments | <input type="checkbox"/> Spider vein treatments |
| <input type="checkbox"/> Other, please specify: _____ | <input type="checkbox"/> Removing facial veins |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

- 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 the appearance of my wrinkles.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

- How did you hear about us?