



Lincoln Aesthetic Surgical Institute

Cosmetic Interest Questionnaire

Our practice is constantly striving to offer you the safest, most advanced procedures for facial rejuvenation and overall physical improvement. Please check any of the following health topics or concerns you would like to receive more information on.

- | | |
|--|--|
| <input type="checkbox"/> Fine lines and wrinkles | <input type="checkbox"/> Breast Augmentation (enlargement) |
| <input type="checkbox"/> Facial Fillers | <input type="checkbox"/> Breast Reduction |
| <input type="checkbox"/> Eyelashes; Longer, Fuller, Darker | <input type="checkbox"/> Breast Lift |
| <input type="checkbox"/> MicroDermabrasion | <input type="checkbox"/> Liposuction |
| <input type="checkbox"/> Overall Skin Rejuvenation/Skin care advice | <input type="checkbox"/> Tummy Tuck |
| <input type="checkbox"/> Medical skin care products | <input type="checkbox"/> Nose Surgery (rhinoplasty) |
| <input type="checkbox"/> Treatment for spider veins/leg veins/facial veins | <input type="checkbox"/> Eyelid Surgery (blepharoplasty) |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Facelift |
| <input type="checkbox"/> Laser treatments with no downtime | <input type="checkbox"/> Forehead/Brow Lift |
| <input type="checkbox"/> Laser hair removal | <input type="checkbox"/> Chin Surgery |
| <input type="checkbox"/> Age spots/facial pigmentation problems | |
| <input type="checkbox"/> OTHER _____ | |

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

- ◆ When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of wrinkles on my face.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

- ◆ When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my body.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

How did you hear about our practice? Please check any that apply.

- A friend or family member (please name) _____
- Yellow pages
- Physician referral (please name) _____
- Internet
- An article or advertisement in _____
- Other _____

Would you like to receive announcements on special discounts, new products or procedures?

YES NO

If YES, what address can we send it to? _____

Would you like to receive this information via an email address? YES NO

If YES, please list email address (name@example.com) _____

SIGNATURE _____ **DATE** _____