Lala M. Stawowy MD 9150 Huebner Road, Suite 330 San Antonio, TX 78240

COSMETIC INTEREST QUESTIONNAIRE

Name:_						Date:
What of the following general appearance conditions would you like to learn about? (Please check all that apply) Skin care advice Descriptions						
000000000	Skin care products Facial Wrinkles (Botox) Facial fine lines (Fillers) Thin lips Blotchy skin Chemical peel Facial hair reduction Body hair reduction Other:		00000000	Leg veins	000000000	Neck wrinkles Brow lift Chest wrinkles Abdominal area Inner / outer leg contouring Facial contouring Body contouring Arm contouring Length/Fuliness of Eyelashes
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.						
١	ounger Than 1	2		True Age 3	4	Older Than 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 d	ld you hear about us? 🌁					
☐ Another physician				O My insurance con		
Physician Name:				My insurance company		
☐ A friend or family member			□ Internet	Name:		
Name:		Site:				
				☐ Other		
	30.0			Specify:		