

La Jolla Plastic Surgery and Dermatology
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Patient Name:

Date:

At LJPSD we offer the state-of-the-art in dermatological, surgical and non-surgical rejuvenations procedures. Please check which procedures or concerns you may want more information about:

<input type="checkbox"/> Skin care services <input type="checkbox"/> Anti-Aging <input type="checkbox"/> Botox/ Xeomin <input type="checkbox"/> Facial Filler (Juvederm/ Belotero) <input type="checkbox"/> Facial Volume Loss <input type="checkbox"/> Brown Spots/Pigmentation <input type="checkbox"/> Length/Fullness of Eyelashes <input type="checkbox"/> Acne/ large Pores <input type="checkbox"/> Facial Redness <input type="checkbox"/> Dermatology Exam/ Treatment <input type="checkbox"/> Fraxel Laser Rejuvenation	<input type="checkbox"/> Hand Rejuvenations <input type="checkbox"/> Sculptra Aesthetic <input type="checkbox"/> Laser Treatments <input type="checkbox"/> Microdermabrasions <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Chemical Peel <input type="checkbox"/> Scars/ Scar Removal <input type="checkbox"/> Designer Facials <input type="checkbox"/> Leg Veins <input type="checkbox"/> Coolsculpting (fat freezing) <input type="checkbox"/> Photodynamic Therapy	<input type="checkbox"/> Liposuction <input type="checkbox"/> Neck wrinkles/sagging <input type="checkbox"/> Drooping brows or eyelids <input type="checkbox"/> Facelift/ mini-face lifting <input type="checkbox"/> Body Lifting <input type="checkbox"/> Mommy Makeover <input type="checkbox"/> Breast Enhancement <input type="checkbox"/> Nose Reshaping <input type="checkbox"/> Ear Reshaping <input type="checkbox"/> Hair Loss/ Transplant <input type="checkbox"/> Breast Reconstruction
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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 Age
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or way concerned about my wrinkles.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

EMAIL LIST

Would you like to become part of our office email list? You will receive a monthly email about office promotions and specials we are offering on products and cosmetics procedures.

Don't miss your chance to save and look great all year round!

Special offers only valid through email.

<input type="checkbox"/> Approval to send you information via email on products and services (including special offers)	Email Address:
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I'm not interested in any additional services provides at this time.