La Jolla Plastic Surgery and Dermatology

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COMESTIC QUESTIONNAIRE

Patient: _____ Date: _____

How did you hear about us? _____

Have you been to any cosmetic procedures in the past? ☐ Yes ☐ No

If yes, Please describe:

_____

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Please check any areas you would like to discuss or receive more information about:

- ☐ Sun damaged skin/ Skin Cancer
- ☐ Acne, acne scarring
- ☐ Rosacea, Facial Veins
- ☐ Skin laxity or loss of elasticity
- ☐ Lines and Wrinkles
- ☐ Excess body fat
- ☐ Birthmarks
- ☐ Brown spots, Age-spots and Freckles
- ☐ Facial Discoloration (Melasma)
- ☐ Excessive Sweeting
- ☐ Leg Veins/ Spider Veins
- ☐ Scar Treatment
- ☐ Lip Augmentation
- ☐ Laser Rejuvenation
- ☐ Dermal/ Sub-Dermal Fillers
- ☐ Facials/ Microcdermabrasion
- ☐ CoolSculping Fat Loss
- ☐ Excess Hair Growth
- ☐ Electrolysis
- ☐ Rhinoplasty/ Nose Reshaping
- ☐ Facelift/ Brow lift, Neck lift
- ☐ Hair Loss/ Hair Transplant
- ☐ Body lifting Procedures
- ☐ Breast Augmentation
- ☐ Skin Care Regime

Please list any Cosmetic Questions or concerns below:

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