



Cosmetic Interest Questionnaire

Name: _____ Date of Birth: _____

Have you ever considered cosmetic procedures before? If so, what type of procedure(s) or to treat what area(s)?

Cosmetic areas of interest you wish to discuss with Clarus Dermatology Staff (please check all that apply):

Skin Care Advice Skin Care Products BOTOX® Juvéderm®, Belotero®, Radiesse®, Sculptra® Facial Fine Lines/Wrinkles Chemical Peels	Facial Redness Brown Spots/Age spots/Freckle Drooping Brow or Eyelids Facial Mole Removal Facial Fullness/Drooping Latisse® Hydrafacial	Blotchy Skin Scar Revision Retin-A®/Renova® Excess Sweating Hands/Feet/Armpits Laser resurfacing Vaginal Rejuvenation
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Would you like to schedule a consultation? Please Circle YES or NO

For Staff Use Only

FOLLOW UP	DATE	COMPLETED BY (NAME)
<input type="checkbox"/> Procedure Scheduled		
<input type="checkbox"/> Email Updated		



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