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 issues you would like to receive more information on, either in a brochure or during a consultation.

- ○ **Fine lines and wrinkles**
- ○ **Rough texture of skin**
- ○ **Skin discoloration or hyper-pigmentation**
- ○ **Unwanted hair**
- ○ **Dark circles or puffiness around eyes**
- ○ **Blue or red leg veins**
- ○ **Eyelashes: longer, fuller, darker**
- ○ **Lines around nose and mouth**
- ○ **Tired looking skin or uneven skin tone**
- ○ **Sagging skin**
- ○ **Brown spots or freckles**
- ○ **Scars, including acne and surgical scars**
- ○ **Red spots or blood vessels around nose or other face parts**
- ○ **None of the above concern me**

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

- When looking in a mirror, I am concerned about the appearance of wrinkles on my face:

Not Concerned		Somewhat Concerned		Very Concerned
1	**2**	**3**	**4**	**5**

- Would you be interested in having a make-over using Glo Minerals make-up?

Not Interested		Somewhat Interested		Very Interested
1	**2**	**3**	**4**	**5**

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 e-mail? _____Yes _____No

If YES, what e-mail can we send it to? (name@example.com) _____

_____ _____ _____

Name Signature Date