COSMETIC INTEREST QUESTIONAIRE

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.

0	Fine lines and wrinkles	C)	Lines around nose and mouth
0	Rough texture of skin)	Tired looking skin or uneven skin tone
0	Skin discoloration or hyper- pigmentation Unwanted hair)	Sagging skin
•)	Brown spots or freckles
)	Scars, including acne and surgical
	Dark circles or puffiness around eyes			scars
0	Blue or red leg veins			Red spots or blood vessels around nose or other face parts
O	Eyelashes: longer, fuller, darker			None of the above concern me
		<u> </u>		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 a	pp	pearance of wrinkles on my face:
	Not Concerned	Somewhat Concerned		Very Concerned
	1 2	2		
	1 2	3		4 5
Would you be interested in having a make-over using Glo Minerals make-up?				
			GI	o Minerais 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		N	0
If YES, wh	at address can we send it to?		-	
Would you like to receive this information via e-mail?YesNo				
If YES, what e-mail can we send it to? (name@example.com)				
Name		Signature		 Date