

SPALDING DRIVE

PLASTIC SURGERY
& DERMATOLOGY

Aesthetic Patient Self-Assessment

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At **SPALDING DRIVE**, we are dedicated to providing our patients with the newest and most effective procedures and products to enhance the appearance of your skin, face and body. Please complete this questionnaire to help us better understand your history, preferences and concerns with respect to aesthetic treatments and procedures. Your responses will help us identify and recommend the most appropriate treatments and procedures for you.

Contact Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Please indicate your preferred method of contact: _____

Please indicate whether or not you are interested in receiving text, email, newsletters and specials: Yes No

What is the main reason for your visit today?

What aesthetic treatments and procedures, if any, have you had in the past?

If you have previously had any aesthetic treatments or procedures, were you pleased with the outcome?

Yes No If no, in what way were you dissatisfied? _____

What's your time frame for getting a procedure done? _____

How much downtime are you willing to go through? Please circle.

2 days

7-10 days

2 weeks or longer

How much money are you willing to spend on your anti-aging and maintenance plan? Please circle.

\$1 - 3,000

\$ 3,000 - 6,000

\$6,000 - 10,000

\$10,000 or more

Please answer the following by circling where appropriate.

Do you have any concerns with the appearance of your skin? Yes No

Do you want to learn more about at-home skin care? Yes No

Do you have any issues with wrinkles or fine lines? Yes No

Do you have any issues with sun damage or age spots? Yes No

Do you have any issues with large pores or skin texture? Yes No

Do you have any concerns with redness? Yes No

Do you have any concerns with unwanted hair? Yes No

If yes, what areas: _____

Do you have any concerns about scars? Yes No

Do you have any issues with spider veins/varicose veins? Yes No

Do you have any concerns with unwanted body fat? Yes No

Aesthetic Products, Treatments and Procedures

Please let us know which of the following aesthetic products, treatments and procedures interest you. Please check all that apply.

Non-Surgical Treatments

- | | |
|--|---|
| <input type="checkbox"/> Acne Treatment | <input type="checkbox"/> Laser Lipolysis (fat reduction) |
| <input type="checkbox"/> Birthmark Correction | <input type="checkbox"/> Laser Resurfacing |
| <input type="checkbox"/> Body Contouring | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Botox / Dysport | <input type="checkbox"/> Mineral Makeup |
| <input type="checkbox"/> Cellulite Treatment | <input type="checkbox"/> Nutrition / Wellness / Weight Loss |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Professional Skin Care Products |
| <input type="checkbox"/> Dermal Fillers | <input type="checkbox"/> Skin Rejuvenation |
| <input type="checkbox"/> Eyelash Enhancement | <input type="checkbox"/> Spider / Varicose Leg Veins |
| <input type="checkbox"/> Facial Broken Blood Vessels | <input type="checkbox"/> Visia Skin Analysis |
| <input type="checkbox"/> IPL / Photofacial | |
| <input type="checkbox"/> Laser Hair Removal | |

Surgical

FACE

- Chin Augmentation
- Deviated Septum Correction
- Endoscopic Brow & Forehead Lift
- Ethnic Rhinoplasty
- Eyelid Surgery (Blepharoplasty)
- Fat Transfers / Grafting
- Hollow Eye Correction
- Lower Eyelid Fat Repositioning
- Face and Neck Lift (Rhytidectomy)
- Protruding Ear Correction (Otoplasty)
- Revision Rhinoplasty
- Surgery of the Nose (Rhinoplasty)

BREAST

- Augmentation
- Lift
- Reduction
- Revision

BODY

- Arm, Buttock and Thigh Lift
- Cellulaze (Cellulite Treatment)
- Labiaplasty
- Liposuction
- Scar Revision
- Tummy Tuck
- Other _____