FRED M. NOVICE, M.D.
Dermatology
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COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Health issues and procedures or products of interest to you (please check all that apply).

- ❑ BOTOX® Cosmetic (Botulinum Toxin Type A)
- ❑ AHA and Glycolic Peels
- ❑ Birthmarks
- ❑ Skin Rejuvenation
- ❑ Liver Spots/Age Spots
- ❑ Micro-Dermabrasion
- ❑ Acne and Beta Peels
- ❑ Chemical Peels
- ❑ Spider Vein Treatment of legs
- ❑ Excessive Underarm Sweating
- ❑ Other, please specify _____
- ❑ Skin Care Advice
- ❑ Skin Care Products
- ❒ Perlane®/Restylane® Filler
- ❑ Juvederm® Filler
- ❑ Sunscreen Advice
- ❒ Facial and Eye Treatments
- ❑ Laser Hair Removal
- ❑ Laser for Facial Vein Removal
- ❑ Latisse® for thicker eyelashes
- ❑ Hair Transplantation for men & women

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

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than		*True Age*		*Older Than*
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

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

Would you like to be contacted about new products and/or new procedures provided in our office? □ Yes □ No

2. Do you prefer being contacted by phone, standard mail, or email?

□ Phone □ Standard Mail □ E-mail _____
Please print clearly

If by phone, which number do you prefer we use?

□ Home_____ □ Mobile_____ □ Office _____

If you prefer phone contact, do we have your permission to leave a message either by voicemail or with a person if you are unavailable when we call?

□ Yes □ No

Comments_____

Please know that we will only contact you by your preferred means of communication.

_____ _____
Signature Date

Thank You Very Much!