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 Change for Life Wellness and Aesthetics Center  
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 (One Block from the Eastern Market Metro)

## COSMETIC INTEREST QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH ISSUES, PROCEDURES, OR PRODUCTS OF INTEREST TO YOU: (PLEASE CHECK ALL THAT APPLY)

- BOTOX® Cosmetic
- Facial Fine Lines/Wrinkles
- Eyelashes: Longer, Fuller, Darker
- Facial Folds
- Thin Lips
- Blotchy Skin
- Facial Veins
- Facial Redness
- Leg Veins
- Age Spots
- Brow Sculpting
- Facial Fullness
- Neck
- Abdominal Fat
- Facial Hair
- Body Hair
- Acne
- Rosacea
- Waxing
- Facials
- Skin Care Products
- Cellulite
- Cheeks
- Other \_\_\_\_\_

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

IF YOU COULD IMPROVE ANYTHING ABOUT YOUR APPEARANCE, WHAT WOULD IT BE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

My Physician: (Full Name) \_\_\_\_\_

My Insurance Company Provider: (Name) \_\_\_\_\_

Magazine: (Specify Name of Magazine) \_\_\_\_\_

A Friend Or Family Member: (Name) \_\_\_\_\_

The Internet: \_\_\_\_\_

Our Website:

Seminar: (Specify Seminar/Date) \_\_\_\_\_

Other: \_\_\_\_\_

ARE YOU INTERESTED IN MEETING WITH ONE OF OUR PROFESSIONAL COSMETIC CONSULTANTS TO  
CREATE A PERSONAL TREATMENT PLAN DESIGNED TO MEET YOUR COSMETIC NEEDS?

Yes  No Thanks

APPROVAL TO CONTACT YOU:

APPROVAL TO SEND YOU PRODUCT AND SERVICE INFORMATION (INCLUDING SPECIAL OFFERS):

BEST PHONE NUMBER TO CONTACT YOU: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Physician (Provider) Name: \_\_\_\_\_

FOLLOW-UP: \_\_\_\_\_ DATE: \_\_\_\_\_ COMPLETED BY (NAME): \_\_\_\_\_

Follow-Up Call: \_\_\_\_\_

Free Consultation: \_\_\_\_\_

Procedure Scheduled: \_\_\_\_\_

Procedure Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

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