East End Plastic Surgery & Laser Center
Judy Ann Emanuele, M.D., F.A.C.S.

Cosmetic Interest Questionnaire

Patient Name : _____ Date: _____

What brings you to the office today: _____

_____

Please check any or all health issues, procedures and/or products of interest to you.

❑ BOTOX Cosmetic™	❑ Hair Removal	❑ Scar Revision
❑ Glycolic Peels	❑ Spider Vein Treatments	❑ Blepharoplasty (Eyelids)
❑ Dermal Fillers *(ex. Juvéderm)*	❑ Birthmarks	❑ Face Lift/Neck Lift
❑ Skin/Facial Rejuvenation	❑ Brown Spots	❑ Brow Lift
❑ Sun Damage	❑ Sunscreen Advice	❑ Breast Reduction
❑ Microdermabrasion	❑ Facials	❑ Reconstructive Surgery
❑ Active Acne	❑ Hydrafacials	❑ Panniculectomy
❑ Acne Scarring	❑ Breast Augmentation	❑ Thigh Lift
❑ Micro Laser Peel	❑ Tummy Tuck	❑ Arm Lift
❑ Skin Care Products	❑ Breast Lift	❑ Buttock Lift
❑ Facial Veins	❑ Liposuction	❑ Earlobe Repair

❑ Other, please specify _____

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

Is there anything else that you would like the doctor to know about? _____

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