



Patient Questionnaire

Last Name _____ First Name _____

Date of Birth ____/____/____ Date ____/____/____

Are any of the following of interest to you? (please check all that apply):

Health Concerns

- Acne
- Acne Scar Removal
- Aging Skin
- Body Contouring (areas) _____
- Cellulite Reduction (areas) _____
- Excess Hair (areas) _____
- Facial Lines and Wrinkles (areas) _____
- Facial Veins
- Leg Veins
- Loss of Facial Volume
- Melasma
- Rosacea / Facial Redness
- Sagging / Loose Skin (areas) _____
- Skin Care / Sunscreen Advice
- Skin Rejuvenation
- Spider Veins
- Stretch Marks
- Sun Spots / Age Spots
- Under Eye Circles
- Uneven Texture
- Other, please specify _____

Procedures

- Acne Light Therapy (Isolaz Deer Pore Lazr Therapy)
- BOTOX® Cosmetic / Dysport /Wrinkle Relaxers
- Cellulite Treatments (VelaShape, Thermage)
- Chemical (Glycolic, Salicylic Acid)/Lunchtime Peels
- Facials and Eye Treatments
- Fraxel Re:store Laser Treatments
- Injectable Fillers (Restylane™, Perlane™, Juvederm™, Sculptra™)
- Laser Hair Removal
- Laser Leg Vein Treatments
- Laser Peels and Laser Resurfacing (The Pearl)
- Lipotherme Laser Lipolysis
- Microdermabrasion
- Pan G™ Lift – Non-Surgical Face-lift
- Photodynamic Therapy
- Photorejuvenation/FotoFacial
- Retinols and Antioxidants (ie: CoffeeBerry, Green Tea, Vitamin C)
- Sclerotherapy Treatments
- Skin Care Products
- Skin Tissue Tightening (Thermage, ReFirme ST, Titan, Matrix)
- Tatoo Removal
- Other, please specify _____

Do you have any comments/questions about your skin? _____

How did you hear about us?

- | | | |
|---|--|--|
| <input type="checkbox"/> Physician Referral (full name) _____ | Event: | Advertisement: |
| <input type="checkbox"/> A friend or family member (name) _____ | <input type="checkbox"/> Event (name) _____ | <input type="checkbox"/> Pioneer Press |
| <input type="checkbox"/> I am a previous patient | <input type="checkbox"/> Seminar (name) _____ | <input type="checkbox"/> New Beauty Magazine |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Health Screening (name) _____ | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Northwestern Memorial Physician Group | <input type="checkbox"/> Drive-By/City Park | <input type="checkbox"/> Ad (name) _____ |
| <input type="checkbox"/> Cancer Treatment Centers of America | <input type="checkbox"/> Not sure | <input type="checkbox"/> Other (name) _____ |

Internet:

- | | | |
|---|--|---|
| <input type="checkbox"/> AAD.org | <input type="checkbox"/> _____ | <input type="checkbox"/> Skinfo.com |
| <input type="checkbox"/> AdvDermatology.com | <input type="checkbox"/> Cutera.com | <input type="checkbox"/> Skinqri.com |
| <input type="checkbox"/> Allergan.com | <input type="checkbox"/> Fraxel.com | <input type="checkbox"/> StyleChicago.com |
| <input type="checkbox"/> ASDS.net | <input type="checkbox"/> Juvedermusa.com | <input type="checkbox"/> Syneron.com |
| <input type="checkbox"/> ASLMS.org | <input type="checkbox"/> PanGLift.com | <input type="checkbox"/> Thermage.com |
| <input type="checkbox"/> Botox.com | <input type="checkbox"/> Restylane.com | <input type="checkbox"/> Google.com |
| <input type="checkbox"/> ChicagoBeauty.com | <input type="checkbox"/> Sculptra.com | <input type="checkbox"/> Other _____ |

For Office Use Only: Refer to Skin Wizard Regimen Sheet titled _____

Provider Signature(s) _____

Amy Taub, MD / Cara Garretson, MD / Lauren Fine, MD / Emily Oehler, PA-C / Mari DeLaRoca, Lic. Esth. / Alla Molchanov, Lic. Cosm.