



List Your Current Facial Products \_\_\_\_\_

Have You Ever Had Any Serious Medical or Surgical Problems:

Yes  No

If Yes, Please Specify \_\_\_\_\_

Tobacco Use:

Yes  No

Have You Ever Had The Following: Yes No

Ulcer	---	---
High Blood Pressure	---	---
Diabetes	---	---
Glaucoma	---	---
Hay Fever	---	---
Hives	---	---
Asthma	---	---
Chemotherapy	---	---
Dermabrasion	---	---
Laser	---	---
Chemical Peel	---	---
** Skin Problems	---	---
** HIV/ Hepatitis	---	---

\*\* If Yes, Please Specify \_\_\_\_\_

Have Any of Your Blood Relations Had Any Skin Problems?

Yes  No

If Yes, Please Specify Relationship and Problem \_\_\_\_\_

Have Any of Your Blood Relations Had Hay Fever or Asthma?

Yes  No

If Yes, Please Specify Relationship \_\_\_\_\_

Would you be interested in more information on our cosmetic skin care and laser services? (e.g. to treat wrinkles, brown spots, fine lines, skin texture, broken capillaries, large pores, and droopy eyelids) \_\_\_\_\_

**I, the undersigned (patient or legal guardian), authorize medical treatment by Dr. Amerian and/ or Dr. AnterAsian and assume financial responsibility.**

SIGNATURE \_\_\_\_\_

# SANTA MONICA LASER AND SKINCARE CENTER COSMETIC QUESTIONNAIRE

MARY LEE AMERIAN, MD      GEORGE ANTERASIAN, MD

Healthy and beautiful skin is the very foundation of our practice. Getting to know you, your concerns, and your goals is of top importance to us. We value you as a patient, and would like to know more about you in order to best serve you. Cosmetic procedures are increasingly popular for both men and women, and we want to make sure we fully address any questions or skincare concerns you might have. Please take a moment to complete the following questionnaire, and we will be happy to answer any questions you might have about any of the cosmetic services and treatments we offer. Thank you.

## **Which of the Following Procedures Have You Had in the Past? (please check all that apply)**

- BOTOX Cosmetic
- Cosmetic Fillers (Juvederm or Restylane)
- Other Fillers (i.e. Radiesse, Sculptra, Collagen)
- Laser Resurfacing (i.e. Fraxel, Carbon Dioxide, Erbium)
- Chemical Peels
- Thermage
- FotoFacial
- Treatment of facial veins and broken capillaries
- Hair Removal
- Facials
- Plastic Surgery \_\_\_\_\_
- Other \_\_\_\_\_

## **Cosmetic Areas of Interest to You (please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> BOTOX Cosmetic                          | <input type="checkbox"/> FotoFacial             |
| <input type="checkbox"/> Laser Resurfacing                       | <input type="checkbox"/> Wrinkle Treatment      |
| <input type="checkbox"/> Cosmetic/Dermal Fillers                 | <input type="checkbox"/> Age Spots / Sun Spots  |
| <input type="checkbox"/> Fine Lines                              | <input type="checkbox"/> Removing Facial Veins  |
| <input type="checkbox"/> Skin Rejuvenation                       | <input type="checkbox"/> Spider Vein treatments |
| <input type="checkbox"/> Crow's Feet / Laugh Lines               | <input type="checkbox"/> Rosacea                |
| <input type="checkbox"/> Acne Scars                              | <input type="checkbox"/> Excessive Sweating     |
| <input type="checkbox"/> Facial and Other Scars                  | <input type="checkbox"/> Laser Hair Removal     |
| <input type="checkbox"/> Eyelid Laxity                           | <input type="checkbox"/> Brown Spots / Patches  |
| <input type="checkbox"/> Uneven Skin Tone/"Splotchy" Skin        | <input type="checkbox"/> AHA and Glycolic Peels |
| <input type="checkbox"/> Latisse (For thicker, longer eyelashes) | <input type="checkbox"/> Chemical Peels         |

## COSMETIC QUESTIONNAIRE (CONTINUED)

- **What are your main areas of concern, or where would you like to see improvement?**

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- **Have you used skincare products to treat this problem/concern? If so, which products?**

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- **Have you ever considered treatments or had treatments for this problem/concern?**

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**Please answer the following questions on a scale of 1 to 5**

**Please circle 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.

<b>Younger Than</b>		<b>True Age</b>		<b>Older Than</b>
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.

<b>Not Concerned</b>		<b>Somewhat Concerned</b>		<b>Very Concerned</b>
1	2	3	4	5