Cosmetic Interest Questionnaire				
Patient's Last Name: First: Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Dr.	Date of Birth:	

(Please check all that apply)

Our goal is to respond to all of our patient's needs and to provide the highest quality care. In order to provide the information and services you desire on the health and appearance of your skin and body, we invite you to complete the following questionnaire.

❑	Lines around my eyes (crow's feet)	❑	Crease nose to corner of mouth (parenthesis lines/nasolabial folds)
❑	Lines between my eyes (angry look)	❑	Frown on corner of mouth (marionette lines)
❑	Lines on forehead	❑	Brown spots on face
❑	Lines under eyes	❑	Red, blotchy skin
❑	Puffy eyes	❑	Jowls, irregular jawline, double chin
❑	Thin lips	❑	Thin face, no cheek angles or contour
❑	Dry Skin	❑	Dimpled Chin
❑	Oily Skin	❑	Gummy smile
❑	Sagging brows, Excess skin above eyes (looking tired)	❑	Sunken in eyes (tired looking)

Please check all of the following procedures about which you would like more information:

❑	Age Spots/Facial Pigmentation Problems	❑	Chin or Cheek Filler
❑	Botox® Dysport®	❑	Laser Hair Removal
❑	Fillers (Juvederm®, PRP, Sculptra®)	❑	Photo Rejuvenation/rosacea treatment
❑	Excessive Sweating (Hyperhidrosis)	❑	Permanent Make-Up
❑	Medical Grade Skin Care	❑	Vampire Facial®
❑	Acne. Oily Skin	❑	PRPCocktail®
❑	Dermaplane	❑	O-Shot®
❑	Chemical Peel	❑	P-Shot®
❑	Neck lift/ excess chin volume	❑	Micro-needling
❑	Forehead/Brow Lift	❑	LED Light Therapy
❑	Other:		

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Signature of Patient (or Parent or Guardian) Date

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Signature of Practitioner Date

Aspire Medical Spa | 2255 Sheridan Blvd unit B Edgewater, CO 80214 | (720) 638-4863
Delegated/Supervised by Fred Grover Jr, MD

Copy to: patient chart