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**Cosmetic Surgery Questionnaire**

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| # | **HISTORY** | **Response** | |
| 1 | What is your primary concern that brings you in today? |  | |
| 2 | How long has this issue been bothering you for? |  | |
| 3 | What are your goals regarding your condition? |  | |
| # | **QUESTIONS** | **No** | **Yes** |
| 4 | Have you had prior surgery to address this condition? | □ | □ What/when: |
| 5 | Have you used any medications to treat this condition? | □ | □ Name of medication(s) |
| 6 | Do you currently use botulinum toxin (Botox, Dysport, Xeomin) in the mid or upper face? | □ | □ Where on the face?  Date of last injection? |
| 7 | Do you currently receive facial fillers or injections? | □ | □ Where on the face?  Date of last injection? |
| 8 | Have you received any chemical peels or laser resurfacing in the problem area in the past year? | □ | □ What/when: |