

MEDICAL SKINCARE QUESTIONNAIRE

() Not Interested

If you are interested in any of Dr. Dempsey's aesthetic procedures, please take a moment to complete this questionnaire

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Acne or Acne scarring | <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Spider Vein Treatment |
| <input type="checkbox"/> Age Spots | <input type="checkbox"/> Rosacea & redness | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> Botox Cosmetics | <input type="checkbox"/> Medical Grade Skincare | <input type="checkbox"/> Body fat reduction |
| <input type="checkbox"/> Microderm/DermaPlane | <input type="checkbox"/> Chemical Peels/VI Peel | <input type="checkbox"/> Body skin tightening |
| <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Anti-aging Volume | <input type="checkbox"/> Cellulite Treatment |
| <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Melasma | <input type="checkbox"/> Facial Tightening/Toning |
| <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Prevention | <input type="checkbox"/> Lashes |

- Explain:

- Do you have an important event coming up? (wedding, reunion, vacation, etc)

*DermaBella Medical Spa offers a complimentary consultation, where we use an advanced Skin Complexion Imaging to analyze your skin and give you your true **SkinAge**. At that time we are able to guide you to the best options for you, your lifestyle and your budget.*

Are you interested in a complementary consultation with our Medical Aesthetician to discuss your options?

- Yes! No Please put me on your mailing list.

Name: _____ email: _____

Phone: _____

By signing below, you are stating that you give permission for our spa staff to contact you in regards to scheduling a complimentary consultation. No obligation to purchase.

Patient name: _____ Date: _____