

Cosmetic Survey

FTW/Weatherford: (817)-921-2838 Dallas: (214)-373-3376
 www.mytotalskincare.com

Patient Name

Address

Email

Date ____/____/____
 DOB: _____

I am interested in the following:

Wrinkles

- Around Eyes
- Around Mouth
- Forehead
- Between Brow
- Other _____

Brown Spots

- Face
- Neck
- Chest
- Hands
- Arms

Broken Veins

- Face
- Neck
- Chest
- Legs

Red/Ruddy Skin

- Face
- Neck
- Chest
- Other _____

Saggy/Loose Skin

- Face
- Neck
- Eyes

SottoPelle/Hormone Therapy

- Menopause/Andropause
- Depression/Anxiety
- Sex Drive

Volume Defect

- Lips
- Under eyes
- Hands

Unwanted Fat

- Chin
- Stomach
- Arms
- Thighs
- Back
- Hips
- Buttocks

Skin Texture/Tone

- Rough
- Dry
- Oily
- Blotchy

Acne

- Blackheads
- Pustules
- Whiteheads
- Scarring

Unwanted Hair

- Face
- Body

NeoGraft/Hair Loss

- Thinning Hair
- Balding

Botox™ Cosmetic

Restylane

Photo-rejuvenation

Micro-Dermabrasion

Threadlift™

Safelift™

Chemical Peels

Tumescant Liposuction

Proper Skin Regimen

Puffy Eyes

Dark Circles

What objections might you have to addressing any of these issues?

- Cost
- Time
- Fear of Pain
- Other _____

If you would like to receive information on how we can help with these issues, please choose which contact method you prefer?

- US Mail
- Email _____
- Phone _____
- Free Consultation
- I do not wish to be contacted.

